

# DIPT Questionnaire

## A. Demographics

Demographics (BL only)

Daily wage and expenditure questions to be asked at all interviews

## B. Alcohol use

Lifetime Drinking (BL only)

AUDIT Questionnaire- Full (prior year) (BL only)

DSM-5 Alcohol Use Disorder (BL only)

AUDIT-C (3 months)

Current Alcohol Consumption

30-day Alcohol Timeline Follow-back

## C. Medications

Adherence to ART and INH (INH at 3m and 6m only)

## D. Health Status:

General health (MOS-HIV question 1)

Pregnancy and Breastfeeding (women only)

TB (BL only)

Lifetime and Current Tobacco and Other Substance Use (lifetime and current use at BL only; current use also at 6m, 12m)

Intimate Partner Violence (lifetime at BL only; prior 6m at BL, 6m, 12m)

## E. Alcohol Psych Measures

Alcohol Expectancies (AFEXS) (BL only)

## F. Social Measures

Stages of change readiness and treatment eagerness scale (SOCRATES) (BL only)

## G. Mental Health and Life events:

Social Desirability Scale (28-items) (BL only)

CESD (BL, 6m, 12m)

PTSD (BL, 6m, 12m)

Religious behavior (DUREL) (BL only)

Scales of time preferences (BL only)

## H. Qualitative questions (6m and 12m only)

## I. Interviewer Confidence

Note: variable names are in red italics below. Coding for variables is in parentheses next to each option (these items should not be read during the interview).

Enter participant's study ID. <i>studyid</i>	DPT _____
What is today's date? <i>dateintv</i>	___/___/_____ day/month/year
Please enter your (research assistant) initials. <i>intv_initials</i>	---

## A. Demographics

Before we get started, I would like to explain to you how the interview works. As we discussed earlier, your participation in the interview and every aspect of the study are completely voluntary. You may skip any questions that you prefer not to answer, but we would appreciate your cooperation. You may also ask me to clarify any questions if you don't understand them or decide to stop the interview at any time. Finally, all of the information that you provide for the study will be kept completely confidential. Your responses to our questions are identified only by number, never by name.

We are now going to measure your height and weight.

1. Participant's gender? <i>sex</i>	<input type="checkbox"/> Male (2) <input type="checkbox"/> Female (1)
2a. Participant's weight? <i>weight</i>	__ . __ kg
2b. Participant's height? <i>height</i>	__ . __ cm

Now I will begin asking you questions. The questions are about a lot of different things in your life. Please answer the questions as well as you can, and ask me if you are not sure what I am asking or if you need help answering a question. We will keep your answers anonymous and you may decline to answer any question. Please let me know if you need a break from answering the questions.

3a. What is your age? <i>age</i>	__ years (-8 Don't know; -9 Declined)
3b. What is your date of birth? (Select don't know as appropriate if day, month, or year is unknown) <i>dobday</i> <i>dobmonth</i> <i>dobyyear</i>	__ day <input type="checkbox"/> Don't know (-9) __ month <input type="checkbox"/> Don't know (-9) __ year <input type="checkbox"/> Don't know (-9)

<p>4. What is your religion? (Mark one selection)</p> <p>religion</p>	<input type="checkbox"/> Protestant/Anglican (1) <input type="checkbox"/> Catholic (2) <input type="checkbox"/> Moslem (3) <input type="checkbox"/> Seventh Day Adventist (4) <input type="checkbox"/> Saved/Pentecostal (5) <input type="checkbox"/> None (6) <input type="checkbox"/> Other (8) (specify) _ _ _ _ _ religionotr <input type="checkbox"/> Declined (-9)
<p>5. What is the highest level of school you completed?</p> <p>educ</p>	<input type="checkbox"/> None (1) <input type="checkbox"/> P1-P6 (2) <input type="checkbox"/> P7 (3) <input type="checkbox"/> S1-S3 (4) <input type="checkbox"/> S4 (5) <input type="checkbox"/> S5 (6) <input type="checkbox"/> S6 (7) <input type="checkbox"/> Tertiary/Vocational (8) <input type="checkbox"/> University (9) <input type="checkbox"/> Postgraduate (10) <input type="checkbox"/> Other (11) (specify) _ _ _ _ _ educotr <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Declined (-9)
<p>6. Now I would like you to read this sentence to me. In what language do you read? (Show the appropriate literacy card to subject)</p> <p>literacy</p>	<input type="checkbox"/> Cannot read at all (1) <input type="checkbox"/> Able to read only parts of a sentence (2) <input type="checkbox"/> Able to read whole sentence (3) <input type="checkbox"/> No card with required language (4) <input type="checkbox"/> Other (5) (specify language): _ _ _ _ _ _ _ _ _ _ literacyotr <input type="checkbox"/> Declined (-9)
<p>7. What is the main activity or job you do to provide for your family/household- either jobs you are paid for or for which you are given other goods or services? (Mark one selection)</p> <p>job</p>	<input type="checkbox"/> Teacher (1) <input type="checkbox"/> Student (2) <input type="checkbox"/> Technician/artisan (plumber, electrician, welder) (3) <input type="checkbox"/> Military/police/security (4) <input type="checkbox"/> Selling goods – on the street (5) <input type="checkbox"/> Trucker/driver/conductor (6) <input type="checkbox"/> Construction worker (7) <input type="checkbox"/> Housekeeper (8) <input type="checkbox"/> Farmer (agro, animal husbandry, etc) (9) <input type="checkbox"/> Sex worker (10) <input type="checkbox"/> Local brew seller (11) <input type="checkbox"/> Bar attendant (12) <input type="checkbox"/> Restaurant attendant (13) <input type="checkbox"/> Selling goods – from an established shop (14) <input type="checkbox"/> Business person (15)



	<input type="checkbox"/> Mobile telephone                      telephone <input type="checkbox"/> Sofa    sofa <input type="checkbox"/> Cupboard                                      cupboard <input type="checkbox"/> Mattress                                      mattress <input type="checkbox"/> None of these items                      possessnone <input type="checkbox"/> Don't know                                  possessdk <input type="checkbox"/> Declined                                      possessdec
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Now I want to ask you some questions about your spouse (men: or spouses), if you have one.

11. What is your current marital status?  marital	<input type="checkbox"/> Married, living together (1) <input type="checkbox"/> Married, not living together (2) <input type="checkbox"/> Divorced/Separated (3) <input type="checkbox"/> Widowed (4) <input type="checkbox"/> Never married and not living together (5) <input type="checkbox"/> Declined (-9)
11a. Is your husband HIV positive (women)? Are any of your wives HIV positive (men)?  spousehiv	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Declined (-9)

(Research assistant: remember this section is about people in the household, other than the participant).

12. Now I want to ask you some questions about the other members of your household. <b>Not including yourself</b> , how many other people are currently in your household? Again, for this study consider your household to include people with whom you usually live and share meals.  nhh	___ members of household (-8 don't know; -9 declined)
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Now I am going to ask you some questions about your **house**. For this study, we define your house as **the place where your household spends the most time and where you usually share meals**.

13. How many separate rooms are in your house, including all living areas, bathrooms and any other rooms?  nrooms	___ rooms (-8 don't know; -9 declined)
14. Does your house have electricity?  electricity	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Declined (-9)

<p>15. What kind of toilet facility does your house use?</p> <p>wc</p>	<p><input type="checkbox"/> Covered pit latrine (1)</p> <p><input type="checkbox"/> Pan/bucket (2)</p> <p><input type="checkbox"/> VIP pit latrine (pit latrine with a vent) (3)</p> <p><input type="checkbox"/> Uncovered pit latrine (4)</p> <p><input type="checkbox"/> Flush toilet (5)</p> <p><input type="checkbox"/> None (6)</p> <p><input type="checkbox"/> Other (7) (specify) _ _ _ _ _</p> <p>wcothr</p> <p><input type="checkbox"/> Don't know (-8)</p> <p><input type="checkbox"/> Declined (-9)</p>
<p>16. What are the walls of your house made of?</p> <p>wall</p>	<p><input type="checkbox"/> Mud/dirt (1)</p> <p><input type="checkbox"/> Mud/clay bricks (2)</p> <p><input type="checkbox"/> Cement (3)</p> <p><input type="checkbox"/> Other (4) (specify) _ _ _ _ _</p> <p>wallothr</p> <p><input type="checkbox"/> Don't know (-8)</p> <p><input type="checkbox"/> Declined (-9)</p>
<p>17. What is the floor of your housing made of?</p> <p>floor</p>	<p><input type="checkbox"/> Mud/dirt/dung (1)</p> <p><input type="checkbox"/> Mud/dirt with covering (2)</p> <p><input type="checkbox"/> Cement (3)</p> <p><input type="checkbox"/> Vinyl/asphalt strips (4)</p> <p><input type="checkbox"/> Tiles (5)</p> <p><input type="checkbox"/> Other (6) (specify) _ _ _ _ _</p> <p>floorotr</p> <p><input type="checkbox"/> Don't know (-8)</p> <p><input type="checkbox"/> Declined (-9)</p>
<p>18. Where do you get water?</p> <p>water</p>	<p><input type="checkbox"/> Piped into dwelling/compound (1)</p> <p><input type="checkbox"/> Communal tap (2)</p> <p><input type="checkbox"/> Open well (3)</p> <p><input type="checkbox"/> Protected well (4)</p> <p><input type="checkbox"/> Protected stream – a constant flow of water out of an open pipe, in which the source is underground or protected (5)</p> <p><input type="checkbox"/> Unprotected spring – a constant flow of water from an open natural spring without fencing to protect it from animals or children (6)</p> <p><input type="checkbox"/> Stream- flowing water without a point source (7)</p> <p><input type="checkbox"/> Public borehole (8)</p> <p><input type="checkbox"/> Other (9) (specify) _ _ _ _ _</p> <p>waterothr</p> <p><input type="checkbox"/> Don't know (-8)</p> <p><input type="checkbox"/> Declined (-9)</p>

<p>19. What mode of travel would you normally use to go to the nearest health facility?</p> <p>modetravelhf</p>	<p><input type="checkbox"/> Walk (1)</p> <p><input type="checkbox"/> Your own bicycle (2)</p> <p><input type="checkbox"/> Your own motorcycle (3)</p> <p><input type="checkbox"/> Your own car/truck (4)</p> <p><input type="checkbox"/> Animal drawn cart (5)</p> <p><input type="checkbox"/> Boda boda (6)</p> <p><input type="checkbox"/> Bus/Taxi (7)</p> <p><input type="checkbox"/> Special hire (8)</p> <p><input type="checkbox"/> Other (9)</p> <p>Specify: _____</p> <p style="text-align: center;">modetravelhf_oth</p> <p><input type="checkbox"/> Don't know (-8)</p>				
<p>20. How long would it take you to travel to the nearest health facility with the means specified above?</p> <p>timetravelhf</p>	<p>HOURS      MINUTES</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>Don't know (-8)</p> <p>If less than 1 hour, enter 0 in Hours Enter 0-60 in Minutes</p>				

Now I'd like to ask you about the amount that you've spent on various items in the last month (30 days).

(Research assistant: complete column 1 first and then ask column 2 for items that respondent's household purchased.)

Item name	1. In the <u>past 4 weeks</u> , have you spent any money on [ITEM]?	2. How much in total did you spend on [ITEM] in the <u>past 4 weeks</u> ?  (value in Shillings) (-8 Don't know; -9 Declined)
Clothing clothing_yn, clothing_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Footwear footwear_yn, footwear_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Jewelry, watches, bracelets jewelry_yn, jewelry_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Alcoholic beverages alcoholbev_yn, alcoholbev_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Non-alcoholic beverages nonalcoholbev_yn, nonalcoholbev_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Tobacco, cigarettes tobaccocigs_yn, tobaccocigs_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____

Toilet soap, washing powder, toothpaste, etc. soap_yn, soap_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Charcoal charcoal_yn, charcoal_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Kerosene/petrol/diesel petrol_yn, petrol_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Firewood firewood_yn, firewood_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Cooking oil cookoil_yn, cookoil_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Airtime for mobile phones airtime_yn, airtime_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Transportation transport_yn, transport_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Rent rent_yn, rent_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Electricity electricity_yn, electricity_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
Water water_yn, water_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____
School fees/tuition/uniforms/supplies schoolfees_yn, schoolfees_ush	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next item)	_____

<p>[men] In the <u>past 4 weeks</u>, have you given money, gifts, or favors in exchange for sex? paidsex_pay</p> <p>[women] In the <u>past 4 weeks</u>, have you received money, gifts, or favors in exchange for sex? paidsex_receive</p>	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next section)	<p>[men] How much in total value [in USh] did you give for sex in the <u>past 4 weeks</u>?</p> <p>[women] How much in total value [in USh] did you receive for sex in the <u>past 4 weeks</u>?</p> <p>_____</p>
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## B. Alcohol Consumption

Now I have some questions about alcohol. It is important for us to know how much you take. Please try to be as honest and accurate as possible. As we told you when you agreed to participate in this study, all your answers to the questions will be kept completely confidential.

Alcohol includes **wine, beer, hard liquor, tonto, mukumbot, omuramba, kwete, malwa, or any beverage that contains alcohol.** The only exception to this is small amounts of communion wine or wine that you received at church or a religious ceremony. **Redbull, Rock boom, Sting, and Horsepower are not alcohol.**

Please show participant the conversion scale and other materials to help them understand drink sizes.

### Conversion Scale

<u>Wine</u>	<u>milliliters</u>	<u>ounces</u>	<u>drinks</u>		<u>Hard Liquor</u>			
Glass	140	~4.5	1		Shot	40	~1.3	1
Half bottle	375	~12	~3		Half pint	240	~8	~6
Bottle	750	~24	~6		Pint	480	~16	~12
					Fifth	750	~25	~19
<u>Beer</u>					Quart	1000	~32	~2
12 oz can/bottle	300-360	~12	1					
500 ml can/bottle	500	~17	~1.5					

### 1 Standard Drink is Equal to



One 360 ml  
can/bottle of  
beer



One 140 ml glass  
of 12% alcohol  
wine



40 ml of hard liquor  
(e.g. waragi, rum,  
vodka, whiskey)

## Lifetime Drinking History

<p>1. Have you ever in your life taken alcohol?  alcever</p>	<p><input type="checkbox"/> Yes (1)  <input type="checkbox"/> No (0) → (abstainer – skip to next section)  <input type="checkbox"/> Don't Know (-8) → (abstainer – skip to next section)  <input type="checkbox"/> Decline (-9) → (abstainer – skip to next section)</p>
<p>2. When was the last time you took any alcohol?  lastalc2</p>	<p><input type="checkbox"/> More than 5 years ago (1)  <input type="checkbox"/> 1 to 5 years ago (2)  <input type="checkbox"/> 6 months ago – 1 year ago (7)  <input type="checkbox"/> 3 – 6 months ago (8)  <input type="checkbox"/> 3 weeks ago - 3 months ago (4)  <input type="checkbox"/> 4 days ago – 3 weeks ago (5)  <input type="checkbox"/> In the past 3 days (6)  <input type="checkbox"/> Don't know (-8)  <input type="checkbox"/> Decline (-9)</p>

“I’m going to ask you about when you first began taking alcohol. It might be difficult to remember how much and often you drank several years back, but please try to give your best estimate.”

<p>How old were you when you began to drink at least one drink per month (regular drinking)?</p> <p>alc1_age</p>	<p>Age at first drink __ __          Never → -99          (-8 Don't know; -9 Decline)</p>
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## **AUDIT**

Now I’m going to ask you about alcohol you took in the last **year**.

<p>1. In the past year, how often did you have a drink containing alcohol?</p> <p>audit1_yr</p>	<p><input type="checkbox"/> Never (0) → (skip to audit9a)  <input type="checkbox"/> Monthly or less (1)  <input type="checkbox"/> 2 to 4 times/month (2)  <input type="checkbox"/> 2 to 3 times/week (3)  <input type="checkbox"/> 4 or more times/week (4)  <input type="checkbox"/> Don't know (-8)  <input type="checkbox"/> Decline (-9)</p>
<p>2. In the past year, how many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>Remind participant about drink sizes if needed:          One drink is equal to, one 140 milliliter glass of wine, one 300 ml bottle of beer or two-thirds of a 500 milliliter bottle of beer, or two-thirds of a 500 ml cup of home brew, a drink with 40 milliliters of hard liquor. Show participant standard drink card.</p> <p>audit2_yr</p>	<p><input type="checkbox"/> None (0)  <input type="checkbox"/> 1 or 2 (1)  <input type="checkbox"/> 3 or 4 (2)  <input type="checkbox"/> 5 or 6 (3)  <input type="checkbox"/> 7 to 9 (4)  <input type="checkbox"/> 10 or more (5)  <input type="checkbox"/> Don't know (-8)  <input type="checkbox"/> Decline (-9)</p>
<p>3. In the past year, how often do you have six or more drinks on one occasion?</p> <p>audit3_yr</p>	<p><input type="checkbox"/> Never (0)  <input type="checkbox"/> Less than monthly (1)  <input type="checkbox"/> Monthly (2)  <input type="checkbox"/> Weekly (3)  <input type="checkbox"/> Daily or almost daily (4)  <input type="checkbox"/> Don't know (-8)  <input type="checkbox"/> Decline (-9)</p>

<p>4. How often during the past year have you found that you were not able to stop drinking once you had started?</p> <p>audit4_yr</p>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Less than monthly (1) <input type="checkbox"/> Monthly (2) <input type="checkbox"/> Weekly (3) <input type="checkbox"/> Daily or almost daily (4) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)
<p>5. How often during the past year have you failed to do what was normally expected from you because of drinking?</p> <p>audit5_yr</p>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Less than monthly (1) <input type="checkbox"/> Monthly (2) <input type="checkbox"/> Weekly (3) <input type="checkbox"/> Daily or almost daily (4) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)
<p>6. How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p>audit6_yr</p>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Less than monthly (1) <input type="checkbox"/> Monthly (2) <input type="checkbox"/> Weekly (3) <input type="checkbox"/> Daily or almost daily (4) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)
<p>7. How often during the past year have you had a feeling of guilt or remorse after drinking?</p> <p>audit7_yr</p>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Less than monthly (1) <input type="checkbox"/> Monthly (2) <input type="checkbox"/> Weekly (3) <input type="checkbox"/> Daily or almost daily (4) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)
<p>8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?</p> <p>audit8_yr</p>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Less than monthly (1) <input type="checkbox"/> Monthly (2) <input type="checkbox"/> Weekly (3) <input type="checkbox"/> Daily or almost daily (4) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)
<p>9a. Have you or someone else ever been injured as a result of your drinking?</p> <p>audit9a</p>	<input type="checkbox"/> No (0) → (skip to Q10) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't know (-8) → (skip to Q10) <input type="checkbox"/> Decline (-9) → (skip to Q10)
<p>9b. When did this occur?</p>	<input type="checkbox"/> In the past 3 months (0)

audit9b	<input type="checkbox"/> In the past 3 – 12 months (1) <input type="checkbox"/> Over a year ago (2) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)
10a. Has a relative or friend or a doctor or other health worker ever in your life been concerned about your drinking or suggested you cut down?  audit10a	<input type="checkbox"/> No (0) → (skip to DSM-5) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't know (-8) → (skip to DSM-5) <input type="checkbox"/> Decline (-9) → (skip to DSM-5)
10b. When was this?  audit10b	<input type="checkbox"/> In the past 3 months (0) <input type="checkbox"/> In the past 3 – 12 months (1) <input type="checkbox"/> Over a year ago (2) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Declined (-9)
10c. Who suggested you cut down? (choose all that apply)  (1 = selected; 0 = not selected)	<input type="checkbox"/> Spouse/partner(s)                      audit10spouse <input type="checkbox"/> Your child(ren)                              audit10child <input type="checkbox"/> Female family member(s)              audit10ffam <input type="checkbox"/> Male family member(s)                  audit10mfam <input type="checkbox"/> Female friend(s)                              audit10ffriend <input type="checkbox"/> Male friend(s)                                  audit10mfriend <input type="checkbox"/> Someone at work or school              audit10wrk <input type="checkbox"/> A doctor or a health care worker      audit10md <input type="checkbox"/> Other (specify) _ _ _ _ _ _ _ _ _ _ audit10othr, audit10othrtxt <input type="checkbox"/> Don't Know                                      audit10dk <input type="checkbox"/> Declined    audit10dec

## **DSM-5: Alcohol Use Disorder**

(Skip over DSM-5 if someone reports no alcohol use in the prior year (audit1\_yr = never))

In the past year, have you: ?

	Yes (1)	No (0)	Refused (-9)
1. Had times when you ended up drinking more, or longer, than you intended?  dsm5_1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. More than once wanted to cut down or stop drinking, or tried to, but couldn't?  dsm5_2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Spent a lot of time drinking? Or being sick or getting over other after-effects?  dsm5_3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Wanted a drink so badly you couldn't think of anything else?  dsm5_4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?  dsm5_5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Continued to drink even though it was causing trouble with your family or friends?  dsm5_6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?  dsm5_7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving a car or a boda boda, using machinery, walking in a dangerous area, getting into a fight, or having unsafe sex)?  dsm5_8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?  dsm5_9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?  dsm5_10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AUDIT-C**

Now I'm going to ask you about alcohol you took in the last **3 months**.

<p>1. In the <b>past 3 months</b>, how often did you have a drink containing alcohol?</p> <p>audit1a</p>	<input type="checkbox"/> Never (0) → (skip to next section (Medications)) <input type="checkbox"/> Monthly or less (1) <input type="checkbox"/> 2 to 4 times/month (2) <input type="checkbox"/> 2 to 3 times/week (3) <input type="checkbox"/> 4 or more times/week (4) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)
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<p>2. How many drinks containing alcohol did you have on a typical day when you were drinking in the <b>past 3 months</b>?</p> <p>Remind participant about drink sizes if needed: One drink is equal to, one 140 milliliter glass of wine, one 300 ml bottle of beer or two-thirds of a 500 milliliter bottle of beer, or two-thirds of a 500 ml cup of home brew, a drink with 40 milliliters of hard liquor. Show participant standard drink card.</p> <p>audit2</p>	<input type="checkbox"/> None (0) <input type="checkbox"/> 1 or 2 (1) <input type="checkbox"/> 3 or 4 (2) <input type="checkbox"/> 5 or 6 (3) <input type="checkbox"/> 7 to 9 (4) <input type="checkbox"/> 10 or more (5) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Declined (-9)
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<p>3. How often did you have six or more drinks on one occasion in the <b>past 3 months</b>?</p> <p>audit3</p>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Less than monthly (1) <input type="checkbox"/> Monthly (2) <input type="checkbox"/> Weekly (3) <input type="checkbox"/> Daily or almost daily (4) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Declined (-9)
--	---

<p>1. Where did you usually drink alcohol in the last 3 months? (check all that apply)</p> <p>(1 = selected; 0 = not selected)</p>	<input type="checkbox"/> At parties and celebrations      alcloc_party <input type="checkbox"/> At home      alcloc_home <input type="checkbox"/> At bars/drinking establishments      alcloc_bar <input type="checkbox"/> At restaurants      alcloc_rest <input type="checkbox"/> Other (specify) _____ alcloc_othr, alcloc_othrtxt <input type="checkbox"/> Don't know      alcloc_dk <input type="checkbox"/> Decline      alcloc_dec
--	--



	<input type="checkbox"/> None of these types      alctype_none
<p>2. In the last <b>3 months</b>, which type of alcohol did you take most often? Choose one.</p> <p>alctype_common</p>	<input type="checkbox"/> Commercially bottled, homemade, or locally made wine (but not small amounts of wine taken at church) (1) <input type="checkbox"/> Commercially brewed beer (2) <input type="checkbox"/> Home brews or local brews, like tonto, mukombot, omuramba, kwete or others, excluding malwa or other beverages taken communally (3) <input type="checkbox"/> Commercially made hard liquor or spirits (4) <input type="checkbox"/> Locally made hard liquor or spirits such as embandure and enguli? (5) <input type="checkbox"/> Malwa or other beverages taken communally (6) <input type="checkbox"/> All types taken equally (7) <input type="checkbox"/> Don't know (-8)
<p>3. In the last <b>3 months</b>, how often did you become drunk or intoxicated by alcohol?</p> <p>drunkfreq3m</p>	<input type="checkbox"/> Every day or nearly every day (1) <input type="checkbox"/> Three or four times a week (2) <input type="checkbox"/> Once or twice a week (3) <input type="checkbox"/> Two to three times a month (4) <input type="checkbox"/> About once a month (5) <input type="checkbox"/> Once or twice in the last 3 months (6) <input type="checkbox"/> Never in the last 3 months (7) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)



## 30-day Alcohol Use Timeline Follow-back

Now I'm going to ask you about your even more recent alcohol use, how much alcohol you took in the past 30 days.

<p>In the past 30 days how many days in total did you drink any wine, beer, hard liquor, tonto, mukumbot, omuramba, kwete, malwa, or any beverage that contains alcohol? Please do not include small amounts of communion wine or wine that you received at church or a religious ceremony.</p> <p>alc30d</p>	<p>__ __ days (-8 Don't Know, -9 Decline)</p>
<p>How many drinks did you usually take on those days that you took any alcohol?</p> <p>alc30d_typ</p>	<p>__ __ drinks (-8 Don't Know, -9 Decline)</p>
<p>In the past 14 days, can you try to remember which days did you take any alcohol? Approximately how many drinks did you drink on those days?</p> <p><b>Note to Interviewer: Identify the days the respondent took any alcohol on the calendar, prompting about weekends, public holidays, personal celebrations, etc. to try to help the participant remember. Then ask if they know approximately how many drinks each time – refer back to the drink size definitions if needed. Fill in the number of drinks. OK to put 1.5 if the participant says 1-2.</b></p>	<p><b>Start Date</b> (Day 1): __ / __ / ____ dd/mm/yyyy</p> <p><b>End Date</b> (yesterday, Day 14): __ / __ / ____ dd/mm/yyyy</p> <p>(dates filled and calendar generated automatically in CASIC)</p>

alcfb1	alcfb2	alcfb3	alcfb4	alcfb5	alcfb6	alcfb7
1	2	3	4	5	6	7
alcfb8	alcfb9	alcfb10	alcfb11	alcfb12	alcfb13	alcfb14
8	9	10	11	12	13	14

## C. Medications:

Now I'm going to ask you about your experiences with HIV testing and HIV care, including medications for HIV.

<p>1. When did you first have a test that showed that you were infected with HIV, the AIDS virus?</p> <p>Select "don't know" as appropriate for day, month, or year if it is unknown.</p> <p>dhivday dhivmonth dhivyear</p>	<p>Date: __ / __ / ____ day/month/year</p> <p>(-9 don't know)</p>
---	---

### Anti-HIV medications

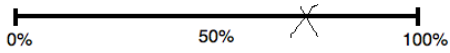
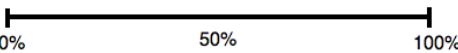
Now I am going to ask you about anti-HIV medications.

<p>1. When did you first receive anti-HIV medication?</p> <p>[If day unknown, probe for beginning, middle, or end of month]</p> <p>artd_day artd_month artd_year</p>	<p>__ / __ / ____ day/month/year (-9 don't know)</p> <p><input type="checkbox"/> N/A has not yet received medications → (skip to next section) art_dateRf</p>
<p>2. How many pills a day of anti-HIV medications are you supposed to take (not counting Septrin and multivitamin pills).</p> <p>artnpills</p>	<p>__ pills (-8 Don't Know; -9 Decline)</p>
<p>3. Which medications are you currently taking for HIV?</p> <p>art_which</p>	<p><input type="checkbox"/> TDF/3TC/EFV (Tenofovir, Lamivudine, Efavirenz) (1)</p> <p><input type="checkbox"/> AZT/3TC/EFV (Zidovudine, Lamivudine, Efavirenz) (2)</p> <p><input type="checkbox"/> AZT/3TC/NVP (Zidovudine, Lamivudine, Nevirapine) (Combipack, Duovir-N) (3)</p> <p><input type="checkbox"/> TDF/3TC/NVP (Tenofovir, Lamivudine, Nevirapine) (4)</p> <p><input type="checkbox"/> ABC/3TC/NVP (Abacavir, Lamivudine, Nevirapine) (5)</p>

	<input type="checkbox"/> AZT/3TC/LPV/r (Zidovudine, Lamivudine, Lopinavir/ritonavir) (6) <input type="checkbox"/> AZT/3TC/ATV/r (Zidovudine, Lamivudine, Atazanavir/ritonavir) (7) <input type="checkbox"/> TDF/3TC/LPV/r (Tenofovir, Lamivudine, Lopinavir/ritonavir) (8) <input type="checkbox"/> TDF/3TC/ATV/r (Tenofovir, Lamivudine, Atazanavir/ritonavir) (9) <input type="checkbox"/> ABC/3TC/LPV/r (Abacavir, Lamivudine, Lopinavir/ritonavir) (10) <input type="checkbox"/> ABC/3TC/ATV/r (Abacavir, Lamivudine, Atazanavir/ritonavir) (11) <input type="checkbox"/> TDF/FTC/EFV (Tenofovir, Emtricitabine, Efavirenz) (Atripla) (12) <input type="checkbox"/> TDF/3TC/DTG (Tenofovir, Lamivudine, Dolutegravir) (TLD) (14) <input type="checkbox"/> Other (13) (specify) _ _ _ _ _ art_othr
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We understand that some people on anti-HIV medication find it difficult to take it regularly and often miss doses. You may have missed doses as well.

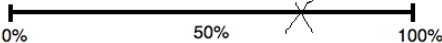
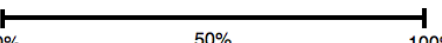
4. How have you been at taking your anti-HIV medication in the past 30 days?  art_rate	<input type="checkbox"/> Excellent (1) <input type="checkbox"/> Very good (2) <input type="checkbox"/> Good (3) <input type="checkbox"/> Fair (4) <input type="checkbox"/> Poor (5) <input type="checkbox"/> Very poor (6) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)
5. People have lots of reasons for taking or not taking all their pills.  In the past 30 days, did you take all your anti-HIV medication pills every day?  artday	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't Know (-8) <input type="checkbox"/> Decline (-9)
6. In the past 30 days, how many days, in total, have you <b>not</b> taken all of your anti-HIV medication pills?  art30d	___ days (-8 Don't Know; -9 Decline)
7. VA Scale Adherence	<b>Example</b>

<p>On the line below that ranges from 0 to 100, please show me your best guess of how many of your anti-HIV medication doses you took in the last 30 days. 0 would mean you took none of your doses, and 100 would mean you took all of your doses. We would be surprised if this was 100% for most people, e.g. 0% means you have taken no medication; 50% means you have taken half your medication; 100% means you have taken every single dose of medication.</p>	 <p><b>Anti-HIV medications</b></p> 
<p>artva</p> <p>8. In the past 3 months, there been a time when you could not get your anti-HIV medications because the pharmacy was out of pills?</p> <p>artnopills</p>	<p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Don't know (-8)</p> <p><input type="checkbox"/> Decline (-9)</p>

**INH**  
(skipped at baseline)

Now I am going to ask you about INH, the medications you were given to prevent active TB.

<p>1. Are you taking INH now?</p> <p>inh</p>	<p><input type="checkbox"/> Yes (1) → (skip to Q1c below)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Don't Know (-8)</p> <p><input type="checkbox"/> Decline (-9)</p>
<p>1a. If no, why are you no longer taking INH?</p> <p>inh_why_stop</p> <p>(1 = selected; 0 = not selected)</p>	<p><input type="checkbox"/> Study doctor told me to stop    inh_why_stop_md</p> <p><input type="checkbox"/> I stopped because I didn't like how it made me feel.    inh_why_stop_feel</p> <p><input type="checkbox"/> I stopped for other reasons (specify) _ _ _ _ _</p> <p>-----</p> <p>inh_why_stop_otherreason, inh_why_stop_othrtxt</p> <p><input type="checkbox"/> I finished the course    inh_why_stop_finish</p> <p><input type="checkbox"/> Other reasons _ _ _ _ _</p> <p>-----</p> <p>inh_why_stop_othr, inh_why_stop_othrtxt</p> <p><input type="checkbox"/> Don't know    inh_why_stop_dk</p> <p><input type="checkbox"/> Declined    inh_why_stop_dec</p>
<p>1b. When is the last time you took INH?</p> <p>inh_lastdday</p> <p>inh_lastdmonth</p>	<p>__ / __ / ____</p> <p>day/month/year</p>

<p>inh_lastdyear</p>	<p>(-9 Don't Know) (skip over Q1c below if not taking INH)</p>
<p>1c. What is motivating you to take INH?</p> <p>Participants can choose/mention more than one response.</p> <p>inh_motive</p> <p>(1 = selected; 0 = not selected)</p>	<p><input type="checkbox"/> Study doctor told me to inh_motive_doc</p> <p><input type="checkbox"/> Concerned about getting TB inh_motive_concerntb</p> <p><input type="checkbox"/> I want incentives in study inh_motive_prize</p> <p><input type="checkbox"/> Encouragement from partner/family inh_motive_fam</p> <p><input type="checkbox"/> Other reasons (specify)</p> <p>-----</p> <p>inh_motive_othr inh_motive_othrtxt</p> <p><input type="checkbox"/> I don't know inh_motive_dk</p> <p><input type="checkbox"/> Declined inh_motive_dec</p>
<p>2. How have you been at taking your INH in the past 30 days?</p> <p>inh_rate</p>	<p><input type="checkbox"/> Excellent (1)</p> <p><input type="checkbox"/> Very good (2)</p> <p><input type="checkbox"/> Good (3)</p> <p><input type="checkbox"/> Fair (4)</p> <p><input type="checkbox"/> Poor (5)</p> <p><input type="checkbox"/> Very poor (6)</p> <p><input type="checkbox"/> Don't know (-8)</p> <p><input type="checkbox"/> Declined (-9)</p>
<p>3. In the past 30 days, did you take your INH pill every day?</p> <p>inhday</p>	<p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Don't Know (-8)</p> <p><input type="checkbox"/> Decline (-9)</p>
<p>4. In the past 30 days, how many days, in total, have you <b>not</b> taken your INH pill?</p> <p>inh_30d</p>	<p>__ days (-8 Don't Know; -9 Decline)</p>
<p>5. VA Scale Adherence - INH</p> <p>On the line below that ranges from 0 to 100, please show me your best guess of how many of your INH medication doses you took in the last 30 days. 0 would mean you took none of your doses, and 100 would mean you took all of your doses. We would be surprised if this was 100% for most people, e.g. 0% means you have taken no medication; 50% means you have taken half your medication; 100% means you have taken every single dose of medication.</p>	<p><b>Example</b></p>  <p><b>INH</b></p> 

inhva	
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## D. Health Status:

### General health

Now I have some more questions about your health.

1. In general, would you say your health is excellent, very good, good, fair, or poor?  vr12_srsi	<input type="checkbox"/> Excellent (1) <input type="checkbox"/> Very good (2) <input type="checkbox"/> Good (3) <input type="checkbox"/> Fair (4) <input type="checkbox"/> Poor (5) <input type="checkbox"/> Refused (-9)
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### Pregnancy and breastfeeding

(skip over these questions if male)

1. Are you currently pregnant?  pregnant	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) → (skip to TB questions) <input type="checkbox"/> Don't know (-8) → (skip to TB questions) <input type="checkbox"/> Declined (-9) → (skip to TB questions)
1a. How many months pregnant are you?  pregnant_mos	____ Months (-8 Don't Know, -9 Decline)
2. Are you currently breastfeeding?  breastfeed	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Declined (-9)

### Tuberculosis diagnosis and treatment

I will now ask you some questions about tuberculosis.

1. Have you EVER known anyone who had active TB disease?  tb_others	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) → (skip to next section) <input type="checkbox"/> Don't know (-8) → (skip to next section) <input type="checkbox"/> Declined (-9) → (skip to next section)
2. Approximately how many people have you ever known who had active TB or TB disease?	__ people

tb_nothers	<input type="checkbox"/> Refused tb_nothersrf
2a. Did you share a household with any of these people? OR Do you live with any of these people?  tb_nothers_hh	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)

## **Lifetime And Current Tobacco And Other Substance Use**

(lifetime for baseline questionnaire only; current for baseline, 6 months, 12 months)

Now I have some questions for you about tobacco and other substances. We ask everyone these questions even if they don't use tobacco or drugs. If you've never heard of a drug that I ask you about, let me know.

	Have you <b>ever in your life</b> used any of the following:  (if no, go to next substance)	if yes: Have you <b>ever in your life injected it</b> into your veins?  (cocaine, heroin, speed only)	if ever used: Have you <b>used</b> this substance <b>in the past 3 months?</b>  (if no, go to next substance)	if used in the past 90 days: Have you <b>injected</b> substance <b>in the past 3 months?</b>  (cocaine, heroin, speed only)	if used in the past 90 days: Days used in the past 30 days?
Smoking tobacco (cigarettes)  cigs_life cigs_90d cigs_n30d	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	--
Chewing tobacco  tob_life tob_90d tob_n30d	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	--
E-cigarette (electronic cigarettes, smokeless cigarettes, vaping)  ecigs_life ecigs_90d ecigs_n30d	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	--



	Have you <b>ever in your life</b> used any of the following:  (if no, go to next substance)	if yes: Have you <b>ever in your life injected it</b> into your veins?  (cocaine, heroin, speed only)	if ever used: Have you <b>used this substance in the past 3 months?</b>  (if no, go to next substance)	if used in the past 90 days: Have you <b>injected substance in the past 3 months?</b>  (cocaine, heroin, speed only)	if used in the past 90 days: Days used in the past 30 days?
Mairunji/Mairungi (Khat)  khat_life khat_90d khat_n30d	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	---
Marijuana  mjn_life mjn_90d mjn_n30d	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	---
Hookah  hookah_life hookah_90d hookah_n30	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	---
Powder (kuba)  powder_life powder_90d powder_n30d	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	---
Kerosene, petrol, glue, or paint thinner (for sniffing)  gas_life gas_90d	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→	→
Cocaine  coc_life coc_inj coc_90d coc_inj90d	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→
Heroin	<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) <input type="checkbox"/> No (0)	→

	Have you <b>ever in your life</b> used any of the following:  (if no, go to next substance)	if yes: Have you <b>ever in your life injected it</b> into your veins?  (cocaine, heroin, speed only)	if ever used: Have you <b>used this substance in the past 3 months?</b>  (if no, go to next substance)	if used in the past 90 days: Have you <b>injected substance in the past 3 months?</b>  (cocaine, heroin, speed only)	if used in the past 90 days: Days used in the past 30 days?
hern_life hern_inj hern_90d hern_inj90d	<input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	<input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	<input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	<input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	
Speed (Methamphetamine)  spd_life spd_inj spd_90d spd_inj90d	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)	→

## Intimate Partner Violence (IPV)

[Note to RA: lifetime IPV questions only asked at baseline]

People in relationships often disagree and sometimes these fights become physical. I am going to ask some questions about this. I want you to speak freely and remember that everything you say will be confidential.

<p>1. [Read all options before pausing] Have any of your sexual partners ever done any of the following:</p> <p>Pushed, pulled, slapped, or held you down? Punched you? Kicked you or dragged you? Tried to strangle or burn you? Threatened or attacked you with a gun/knife/other weapon?</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) → (skip to IPV Q2) <input type="checkbox"/> Don't Know (-8) → (skip to IPV Q2) <input type="checkbox"/> Decline (-9) → (skip to IPV Q2)
<p>1a. Has this happened in the past 6 months?</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't Know (-8) <input type="checkbox"/> Decline (-9)

<p>2. [Read all options before pausing] Have you ever physically hurt or threatened a sexual partner, including:</p> <p>Pushed, pulled, slapped, or held him/her down?  Punched him/her? Kicked or dragged him/her?  Tried to strangle or burn him/her? Threatened or attacked him/her with a gun/knife/other weapon?</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) → (skip to IPV Q3) <input type="checkbox"/> Don't Know (-8) → (skip to IPV Q3) <input type="checkbox"/> Decline (-9) → (skip to IPV Q3)
<p>2a. Has this happened in the past 6 months?</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't Know (-8) <input type="checkbox"/> Decline (-9)
<p>3. Has anyone ever physically forced you to have sex with him/her when you did not want to?</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) → (skip to IPV Q4) <input type="checkbox"/> Don't Know (-8) → (skip to IPV Q4) <input type="checkbox"/> Decline (-9) → (skip to IPV Q4)
<p>3a. Has this happened in the past 6 months?</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't Know (-8) <input type="checkbox"/> Decline (-9)
<p>4. Have you ever physically forced anyone to have sex with you when he/she did not want to?</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) → (skip to next section) <input type="checkbox"/> Don't Know (-8) → (skip to next section) <input type="checkbox"/> Decline (-9) → (skip to next section)
<p>4a. Has this happened in the past 6 months?</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't Know (-8) <input type="checkbox"/> Decline (-9)

# E. Alcohol Psych Measures

## Alcohol Expectancy Scale – Revised

SKIP PATTERN: Skip these questions if the answer to AUDIT question 1a is “Never” (Never took a drink containing alcohol in the past year)

Many people believe that alcohol can influence how they feel and act. We would like to know how you think drinking alcohol affects your feelings and behavior.

I am going to read you a few statements that refer to how you feel when you drink alcohol. Please indicate the extent to which you agree or disagree with each statement.

When I drink alcohol...

	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Slightly agree (4)	Agree (5)	Strongly agree (6)	Don't know (-8)	Declined (-9)
4. I am more likely to do things I normally wouldn't do ae3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel sick the next day ae5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel sick (at the time I'm drinking) ae6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I become more extroverted ae7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I become more aggressive ae10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel closer to a sexual partner ae11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am less nervous about sex ae12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I find it harder to say no to sexual advances ae13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am a better lover ae14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am more sexually responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ae15								
15. I enjoy sex more than usual ae17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F. Social Measures

### SOCRATES – Stages of Change Scale

I am now going to read a series of statements to you. Each one describes a way that you might (or might not) feel about your drinking. For each statement, please tell me how much you agree or disagree with it right now. Do you strongly disagree, disagree, are you undecided or unsure, agree, or strongly agree?							
	<b>NO! Strongly Disagree (1)</b>	<b>No Disagree (2)</b>	<b>? Undecided or Unsure (3)</b>	<b>Yes Agree (4)</b>	<b>YES! Strongly Agree (5)</b>	<b>Don't know (-8)</b>	<b>Declined (-9)</b>
1. I really want to make changes in my drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sometimes I wonder if I am an alcoholic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If I don't change my drinking soon, my problems are going to get worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have already started making some changes in my drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I was drinking too much at one time, but I've managed to change my drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sometimes I wonder if my drinking is hurting other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am a problem drinker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I'm not just thinking about changing my drinking, I'm already doing something about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have already changed my drinking, and I am looking for ways to keep from slipping back to my old pattern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I have serious problems with drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sometimes I wonder if I am in control of my drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My drinking is causing a lot of harm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am actively doing things now to cut down or stop drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I want help to keep from going back to the drinking problems that I had before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I know that I have a drinking problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. There are times when I wonder if I drink too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am an alcoholic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am working hard to change my drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have made some changes in my drinking, and I want some help to keep from going back to the way I used to drink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# G. Mental Health

## Social Desirability Scale

(28-items from Vu 2011)

Now I am going to read a number of statements concerning personal attitudes and traits. Please decide whether each statement is true or false as it relates to you personally.

	True (1)	False (2)	Don't Know (-8)	Decline (-9)
1. It is sometimes hard for me to go on with my work if I am not encouraged. sds1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I sometimes feel resentful when I don't get my way. sds2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. On a few occasions, I have given up doing something because I thought I couldn't do it. sds3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There have been times when I felt like rebelling against people in charge even though I knew they were right. sds4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. No matter whom I'm talking to, I'm always a good listener. sds5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There have been times when I used someone for my own benefit. sds6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I'm always willing to admit it when I make a mistake. sds7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I sometimes try to get even, rather than forgive and forget. sds8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am always courteous, even to people who are disagreeable. sds9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have never been annoyed when people expressed ideas very different from my own. sds10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. There have been times when I was quite jealous of the good luck of others. sds11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I am sometimes irritated by people who ask favors of me. sds12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have never deliberately said something that hurt someone's feelings. sds13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I never hesitate to go out of my way to help someone who is in trouble. sds14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have never intensely disliked anyone. sds15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. On occasion I had doubts about my ability to succeed in life. sds16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am always careful about my manner of dress. sds17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I like to gossip at times. sds18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I can remember "playing sick" to get out of something. sds19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I always try to practice what I preach. sds20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I don't find it particularly difficult to get along with loud mouthed, obnoxious people. sds21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. When I don't know something, I don't at all mind admitting it. sds22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. At times I have really insisted on having things my own way. sds23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. There have been occasions when I felt like smashing things. sds24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I would never think of letting someone else be punished for my wrongdoings. sds25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I never resent being asked to return a favor. sds26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I have never felt that I was punished without cause. sds27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I sometimes think when people have a misfortune they only got what they deserved. sds28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## CESD

Now I am going to ask you about different ways you might have felt or behaved. Please tell me how often you have felt this way during **the past week**.

During the past week, ...	Rarely or none of the time (less than 1 day) (0)	Some or a little of the time (1-2 days) (1)	Occasionally or a moderate amount of the time (3-4 days) (2)	Most or all of the time (5-7 days) (3)	Don't know (-8)	Declined (-9)
1. I was bothered by things that usually don't bother me. cesd1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor. cesd2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues, even with help from my family or friends. cesd3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt I was just as good as other people. cesd4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing. cesd5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed. cesd6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort. cesd7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future. cesd8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure. cesd9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful. cesd10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless. cesd11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

cesd12						
13. I talked less than usual. cesd13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely. cesd14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly. cesd15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life. cesd16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells. cesd17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad. cesd18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people disliked me. cesd19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going". cesd20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PTSD

<p>1. Sometimes things happen to people that are unusually or especially frightening, horrible or traumatic.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>- A serious accident or fire</li> <li>- A physical or sexual assault or abuse</li> <li>- An earthquake or flood</li> <li>- A war</li> <li>- Seeing someone be killed or seriously injured</li> <li>- Having a loved one die through homicide or suicide</li> </ul> <p>Have you ever experienced this kind of event?</p> <p>ptsd_event</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) (→ skip to next section) <input type="checkbox"/> Don't know (-8) (→ skip to next section) <input type="checkbox"/> Decline (-9) (→ skip to next section)			
<p>In the past month, have you...</p>	<p>Yes (1)</p>	<p>No (0)</p>	<p>Don't Know (-8)</p>	<p>Decline (-9)</p>
<p>1. had nightmares about the event(s) or thought about the event(s) when you did not want to?</p> <p>ptsd_nightmare</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?</p> <p>ptsd_avoid</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. been constantly on guard, watchful, or easily startled?</p> <p>ptsd_guard</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. felt numb or detached from people, activities, or your surroundings?</p> <p>ptsd_numb</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?</p> <p>ptsd_guilt</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **Spirituality/Religiosity: The Duke University Religion Index (DUREL)**

I am going to read some statements to you about spirituality and religious activities.

<p>1. How often do you attend church, mosque, or other religious meetings?</p> <p>durel_attend</p>	<input type="checkbox"/> Never (1) <input type="checkbox"/> Once a year or less (2) <input type="checkbox"/> A few times a year (3) <input type="checkbox"/> A few times a month (4) <input type="checkbox"/> Once a week (5) <input type="checkbox"/> More than once a week (6) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Declined (-9)
<p>2. How often do you spend time in private religious activities, such as prayer, meditation or Bible/Koran study?</p> <p>durel_private</p>	<input type="checkbox"/> Rarely or never (1) <input type="checkbox"/> A few times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> Two or more times a week (4) <input type="checkbox"/> Daily (5) <input type="checkbox"/> More than once a day (6) <input type="checkbox"/> Don't know (-8) <input type="checkbox"/> Decline (-9)

The following section contains 3 statements about religious belief or experience. Please tell me the extent to which each statement is true or not true for you – is it: Definitely not true; Tends not to be true; Unsure; Tends to be true; or Definitely true of you?

	Definitely not true (1)	Tends not to be true (2)	Unsure (3)	Tends to be true (4)	Definitely true of me (5)	Don't know (-8)	Declined (-9)
<p>3. In my life, I experience the presence of the Divine (i.e., God)</p> <p>durel_divine</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. My religious beliefs are what really lie behind my whole approach to life</p> <p>durel_beliefs</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. I try hard to carry my religion over into all other dealings in life</p> <p>durel_religion</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Time and risk preferences

### Time preferences (part 1)

The next set of questions will ask you to imagine that you have won a prize, and will ask you to make decisions about when to receive the prize money. These questions are only hypothetical (pretend). You will not be receiving this prize money.

Suppose that you have just won a prize that will give you a series of payments over time. You can select the prize from two options: receiving a certain amount of money now, or waiting 14 days to receive a little more money.

Please indicate your preferred option for various scenarios below (1=Now; 2=Wait).

Research assistant: ask the respondent to imagine that the person giving you the money is someone you trust, so if the respondent chooses to wait, they will indeed receive the money in the future.

1. Would you prefer 30,000 USh now or 35,000 USh in 14 days?  time_pref1	<input type="checkbox"/> Now (1) <input type="checkbox"/> Wait (2) (→ skip to next section)
2. Would you prefer 30,000 USh now or 40,000 USh in 14 days?  time_pref2	<input type="checkbox"/> Now (1) <input type="checkbox"/> Wait (2) (→ skip to next section)
3. Would you prefer 30,000 USh now or 45,000 USh in 14 days  time_pref3	<input type="checkbox"/> Now (1) <input type="checkbox"/> Wait (2) (→ skip to next section)
4. Would you prefer 30,000 USh now or 50,000 USh in 14 days?  time_pref4	<input type="checkbox"/> Now (1) <input type="checkbox"/> Wait (2) (→ skip to next section)
5. Would you prefer 30,000 USh now or 60,000 USh in 14 days?  time_pref5	<input type="checkbox"/> Now (1) <input type="checkbox"/> Wait (2) (→ skip to next section)
6. Would you prefer 30,000 USh now or 70,000 USh in 14 days?  time_pref6	<input type="checkbox"/> Now (1) <input type="checkbox"/> Wait (2) (→ skip to next section)
7. Would you prefer 30,000 USh now or 80,000 USh in 14 days?  time_pref7	<input type="checkbox"/> Now (1) <input type="checkbox"/> Wait (2) (→ skip to next section)

8. Would you prefer 30,000 US\$ now or 90,000 US\$ in 14 days?  time_pref8	<input type="checkbox"/> Now (1) <input type="checkbox"/> Wait (2) (→ skip to next section)
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**Risk preferences:**

The next set of questions will ask you to imagine that you have 30,000 US\$ of starting money, and will ask you to choose whether or not to make an investment with that money. You will know the chances of making money or losing money from this investment. Then you will be asked whether you want to invest all of the money, part of it, or none of it.

For example, say you were to invest 30,000 US\$ in tomatoes. If you sold them all, you would receive 90,000 US\$, but if they went rotten before you could sell any, you would lose your 30,000 US\$. Investing in tomatoes therefore has a certain risk—you could make money or you could lose money. Specifically, this investment will give you back 3 times the amount you invest ½ of the time and will give you back nothing ½ of the time. Do you understand what I mean when I say ½ of the time? This is the chance that if I were to flip a coin in the air, that it would come up heads.

How much of 30,000 US\$ would you like to invest in buying tomatoes if half the time you would make 3 times what you bought them for, and half the time they would go rotten before you could sell any of them and you would make nothing? This means that ½ the time the investment is tripled (multiplied by 3) and ½ the time you lose your investment. I am going to read you your options. Please tell me which you choose.

riskpref

	You keep	You invest	½ the time the investment works out and you get from the investment	½ the time the investment fails and you get from the investment	Your choice
1	30,000	0	0	0	<input type="checkbox"/>
3	25,000	5,000	3x5,000=15,000	0	<input type="checkbox"/>
4	20,000	10,000	3x10,000=30,000	0	<input type="checkbox"/>
5	15,000	15,000	3x15,000=45,000	0	<input type="checkbox"/>
6	10,000	20,000	3x20,000=60,000	0	<input type="checkbox"/>
7	5,000	25,000	3x25,000=75,000	0	<input type="checkbox"/>
8	0	30,000	3x30,000=90,000	0	<input type="checkbox"/>

## Time preferences (part 2)

The next set of questions will ask you again to imagine that you have won a prize, and will ask you to make decisions about when to receive the prize money. Again, these questions are only hypothetical (pretend). You will not be receiving this prize money.

Suppose that you have just won a prize that will give you a series of payments over time. You can select the prize from two options: receiving a certain amount of money in 14 days, or waiting till 1 month to receive a little more money.

Please indicate your preferred option for various scenarios below (1=Wait 14 days; 2=Wait 1 month). Interviewer: ask the respondent to imagine that the person giving you the money is someone you trust, so they will indeed receive the money in the future.

1. Would you prefer 30,000 USh 14 days or 35,000 USh in 1 month?  time2_pref1	<input type="checkbox"/> Wait 14 days (1) <input type="checkbox"/> Wait 1 month (2) (→ skip to next section)
2. Would you prefer 30,000 USh 14 days or 40,000 USh in 1 month?  time2_pref2	<input type="checkbox"/> Wait 14 days (1) <input type="checkbox"/> Wait 1 month (2) (→ skip to next section)
3. Would you prefer 30,000 USh 14 days or 45,000 USh in 1 month?  time2_pref3	<input type="checkbox"/> Wait 14 days (1) <input type="checkbox"/> Wait 1 month (2) (→ skip to next section)
4. Would you prefer 30,000 USh 14 days or 50,000 USh in 1 month?  time2_pref4	<input type="checkbox"/> Wait 14 days (1) <input type="checkbox"/> Wait 1 month (2) (→ skip to next section)
5. Would you prefer 30,000 USh 14 days or 60,000 USh in 1 month?  time2_pref5	<input type="checkbox"/> Wait 14 days (1) <input type="checkbox"/> Wait 1 month (2) (→ skip to next section)
6. Would you prefer 30,000 USh 14 days or 70,000 USh in 1 month?  time2_pref6	<input type="checkbox"/> Wait 14 days (1) <input type="checkbox"/> Wait 1 month (2) (→ skip to next section)
7. Would you prefer 30,000 USh 14 days or 80,000 USh in 1 month?  time2_pref7	<input type="checkbox"/> Wait 14 days (1) <input type="checkbox"/> Wait 1 month (2) (→ skip to next section)
8. Would you prefer 30,000 USh 14 days or 90,000 USh in 1 month?	<input type="checkbox"/> Wait 14 days (1) <input type="checkbox"/> Wait 1 month (2) (→ skip to next section)

time2_pref8	
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## H. Qualitative Questions

I now have some questions to ask you about your participation in our study. We value your opinion and want to learn more about if and how this study may have affected you or your family and friends.

<p>1a. In your opinion, has participating in this study affected you, your health or your economic situation (including your job)?</p> <p>dipt_affectu</p>	<p><input type="checkbox"/> Yes (1)  <input type="checkbox"/> No (0) (→ skip to 1c)  <input type="checkbox"/> Don't know (-8) (→ skip to 1c)</p>
<p>1b. If yes, how?</p> <p>(Note to RA: allow for an open-ended question and answer first, before proceeding to questions 1c and 1d.)</p> <p>dipt_affectuhow</p>	<p>-----          -----          -----          -----</p>
<p>1c. To what extent do you think participating in this study affected your alcohol use?</p> <p>dipt_affectualc</p>	<p>-----          -----          -----          -----</p>
<p>1d. To what extent do you think participating in this study affected your ability to take your medication?</p> <p>dipt_affectumed</p>	<p>-----          -----          -----          -----</p>
<p>2a. In your opinion, has participating in this study affected your partner, your family or your household members?</p> <p>dipt_affectothr</p>	<p><input type="checkbox"/> Yes (1)  <input type="checkbox"/> No (0) (→ skip to 3)  <input type="checkbox"/> Don't know (-8) (→ skip to 3)</p>
<p>2b. If yes, how?</p> <p>(Note to RA: allow for an open-ended question and answer)</p> <p>dipt_affectothrhow</p>	<p>-----          -----          -----          -----</p>

<p>3. In your opinion, have there been any benefits of being in this study (not already mentioned above)?</p> <p>(Note to RA: allow for an open-ended question and answer)</p> <p>dipt_benefits</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
<p>4. In your opinion, have there been any challenges of being in this study (not already mentioned above)?</p> <p>(Note to RA: allow for an open-ended question and answer)</p> <p>dipt_challenges</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
<p>Question for the RA only (do not ask the participant):</p> <p>In your opinion as a DIPT study RA, have you observed any changes, either positive or negative, in this participant – either from direct observation and discussion with the participant or from discussions with the participant’s family or friends – during his/her participation in the DIPT trial?</p> <p>dipt_racomments</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>

# I. Interviewer Confidence

Research assistant please answer:

<p>1. Overall, how clear and interpretable were the questions to the respondent?</p> <p>ic_overall</p>	<p><input type="checkbox"/> Very clear (1)  <input type="checkbox"/> Somewhat clear (2)  <input type="checkbox"/> Not at all clear (3)</p>
<p>2. Did the respondent have any trouble answering the time and risk preference questions?</p> <p>ic_time</p>	<p><input type="checkbox"/> Yes (1)  <input type="checkbox"/> No (0)</p>
<p>3. Notes on any questions that were problematic:</p> <p>ic_problem</p>	<p>-----          -----          -----          -----</p> <p><input type="checkbox"/> No problematic questions (-7)          ic_problemr</p>
<p>4. How confident are you that the respondent's answers are valid?</p> <p>ic_valid</p>	<p><input type="checkbox"/> Completely confident (1)  <input type="checkbox"/> Somewhat confident (2)  <input type="checkbox"/> Not at all confident (3)</p>
<p>5. Reasons for lack of validity:</p> <p>ic_invalid</p>	<p>-----          -----          -----          -----</p> <p><input type="checkbox"/> No notes (-7)          ic_invalidr</p>
<p>6. Research Assistant Notes:          (Put any information that you think is important to the study.)</p> <p>ic_notes</p>	<p>-----          -----          -----          -----</p> <p><input type="checkbox"/> No notes (-7)          ic_notesr</p>