

## MEASURE Evaluation: Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older

### IDENTIFICATION DATA

001.	QUESTIONNAIRE IDENTIFICATION NUMBER			
002.	PROVINCE OR STATE			
003.	DISTRICT OR LOCAL GOVERNMENT AREA			
004.	WARD			
005.	TYPE OF LOCATION <i>Circle</i>	Urban	1	
		Rural	2	
006.	TOWN/VILLAGE			
007.	NEIGHBORHOOD			
008.	GPS READINGS	Latitude	S _____._____°	
		Longitude	E _____._____°	
009.	NAME OF COMMUNITY-BASED/CIVIL SOCIETY ORGANIZATION			
010.	DATE OF REGISTRATION	Month	Day	Year
		[ ][ ]	[ ][ ]	[ ][ ][ ][ ]
011.	NAME OF SUPERVISOR			
012.	PROGRAM IDENTIFICATION NUMBER			

### INTERVIEW LOG

	VISIT 1	VISIT 2	VISIT 3
DATE (day/month/year)			
INTERVIEWER COMMENTS			

Interviewer comments codes: Interview completed 1; Appointment made for later today 2; Appointment made for another day 3; Refused to continue and no appointment made 4; Other (Specify) 5

013.	INTERVIEWER	CODE		NAME	
014.	DATE INTERVIEW COMPLETED (day/month/year)				
015.	START TIME			[ ][ ]:[ ][ ]	

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_ Date \_\_\_\_\_**

Comments:

**Data entered by:**

**Date (dd/mm/yyyy)**

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

**SECTION 1: BACKGROUND INFORMATION**

I'm going to ask you some basic questions about yourself and the children that you care for.

No.	Questions	Coding Categories	SKIP
101.	In what month and year were you born? <b>Record 98 in Month and 9998 in Year for don't know.</b>	Month                      Year [    ]                      [    ]	
102.	How old were you at your last birthday?	— —	If less than 18 years of age, END SURVEY.
103.	Do you have living children ages 0 to 18 who you care for, whether biological, adopted, or in your permanent care?	Yes      1 No        2	If 103 is no, END SURVEY.
104.	How many children do you care for, whether biological, adopted, or in your permanent care?	[    ]	If 104 is 00, END SURVEY.
105.	How many of your children are living with you? <b>Record "00" if none of her children live with her.</b>	[    ]	If 105 is 00, END SURVEY.

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

<b>106.</b>	A. What are the names of the children that you care for?	B. Is (name) male or female? 1 Male 2 Female		C. What is (name's) date of birth?  <b>Record 98 in Month and 9998 in Year for don't know.</b>		D. How old is (name)?  <b>Record age in years. If the child is less than 1 year old, record age as zero "0."</b>	F. What is your relationship to (name)?  <b>Codes below. If parent, probe for biological/non-biological.</b>	G. Is (name's) natural mother alive?  <b>1 Yes 2 No 8 Don't know</b>			H. Is (name's) natural father alive?  <b>1 Yes 2 No 8 Don't know</b>		
Line	Name	M	F	Month	Year	Age		Y	N	DK	Y	N	DK
<b>01</b>		1	2	___	_____	___		1	2	8	1	2	8
<b>02</b>		1	2	___	_____	___		1	2	8	1	2	8
<b>03</b>		1	2	___	_____	___		1	2	8	1	2	8
<b>04</b>		1	2	___	_____	___		1	2	8	1	2	8
<b>05</b>		1	2	___	_____	___		1	2	8	1	2	8
<b>06</b>		1	2	___	_____	___		1	2	8	1	2	8
<b>07</b>		1	2	___	_____	___		1	2	8	1	2	8

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

<b>08</b>		1	2	— —	— — — —	— —		1	2	8	1	2	8
<b>09</b>		1	2	— —	— — — —	— —		1	2	8	1	2	8
<b>10</b>		1	2	— —	— — — —	— —		1	2	8	1	2	8

**CODES FOR Q106F: RELATIONSHIP TO RESPONDENT**

01= BIOLOGICAL MOTHER	03= SIBLING	05= GRANDMOTHER
02= NON-BIOLOGICAL PARENT	04= AUNT	66= OTHER

MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0

No.	Questions	Coding Categories		SKIP
107.	Do you currently or have you ever attended school?	Yes, currently go	1	If no, refused, or don't know, skip to 109.
		Yes, went in the past	2	
		No	3	
		Don't know/refused	88	
108.	What is the highest level of school you attended?	Literacy	1	
		Primary	2	
		Secondary	3	
		Higher	4	
		Don't know/refused	88	
109.	What is your current marital status?	Married and living together	1	
		Married and not living together	2	
		Cohabiting and not married	3	
		Have boyfriend (not married) and not living together	4	
		Single (no boyfriend, never married)	5	
		Divorced or separated	6	
		Widowed	7	
		Other (specify)	66	
110.	How long have you lived in your primary residence? If less than one year, enter "00"	[ ][ ] number of years		
		If less than 1 year	00	
		Don't know/refused	88	
111.	In the past six months, have you been away from your primary residence for more than one month?	Yes	1	
		No	2	
		Don't know/refused	88	

MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0

No.	Questions	Coding Categories	SKIP
112.	Where do you most frequently sleep?	<div>In own home 1</div> <div>In rented accommodation 2</div> <div>In a brothel 3</div> <div>In a hotel 4</div> <div>In a relative's home 5</div> <div>Street or public spaces 6</div> <div>Rented accommodation with friends 7</div> <div>Divide time between street and shelter/home 8</div> <div>Shelter 9</div> <div>Other (specify) 66</div>	
113.	Where do your children most frequently sleep?	<div>In own home 1</div> <div>In rented accommodation 2</div> <div>In a brothel 3</div> <div>In a hotel 4</div> <div>In a relative's home 5</div> <div>Street or public spaces 6</div> <div>Rented accommodation with friends 7</div> <div>Divide time between street and shelter/home 8</div> <div>Shelter 9</div> <div>Other (specify) 66</div>	
114.	<p>What is your current contractual arrangement?</p> <p><b>Read answers. Circle only one answer.</b></p>	<div>Bonded: all money goes to madam (e.g., with housing and food provided, perhaps as paying back a debt) 1</div> <div>Mixed: Some income goes to madam/pimp/other 2</div> <div>Independent: No income goes to madam (e.g., keep and manage own income independently, including resting rooms to work from) 3</div> <div>Don't know/refused 88</div>	

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
115.	<p>As you know, some people take up jobs for which they are paid in cash or in kind. Others sell things, have a small business, or work on the family farm or in the family business.</p> <p>In the past three months, have you earned money for doing work other than sex work?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know/refused 88</p>	<p>If no, refused, or don't know, skip to 118.</p>
116.	<p>If so, what kind of work?</p>	<p>Hair dresser 1</p> <p>Stylist 2</p> <p>House cleaner/nanny 3</p> <p>Work in a bar, restaurant, or shack 4</p> <p>Work in a hotel 5</p> <p>Cook/baker 6</p> <p>Work in a public business 7</p> <p>Work for a private business 8</p> <p>Trader 9</p> <p>Dancer or performance arts 10</p> <p>Other (specify) 66</p> <p>Don't know/refused 88</p>	
117.	<p>Are you paid in cash or in kind for this work, or are you not paid at all?</p>	<p>Cash only 1</p> <p>Cash and in kind 2</p> <p>In kind only 3</p> <p>Not paid 4</p>	
118.	<p>How much money do you have in savings?</p> <p><b>Read response options.</b></p>	<p>None or nearly none 1</p> <p>Some, but the amount changes a lot during the year 2</p> <p>Some, but the amount changes a little during the year 3</p> <p>I have a lot of savings 4</p> <p>Refused to answer 88</p>	



**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
119.	Were you or another caregiver able to pay school fees in the last year for all your children living with you without relying on the [project name/organization]?	<div>Yes 1</div> <div>No 2</div>	
120.	Were you or another caregiver able to pay all medical costs in the last year for all your children living with you without relying on the [project name/organization]? Medical costs include medicine and transport to medical appointments.	<div>Yes 1</div> <div>No 2</div>	

—END OF SECTION—

## SECTION 2: FOOD SECURITY

Now I have a few questions about your food consumption.

No.	Questions	Coding Categories		SKIP
201.	In the past four <u>weeks</u> , was there ever no food to eat of any kind for yourself and your children because of a lack of resources to get food?	Yes	1	<b>If no, skip to 203.</b>
		No	2	
202.	How many times did this happen? <b>Read the responses.</b>	Rarely (1–2 times in the past 4 weeks)	1	
		Sometimes (3–10 times in the past 4 weeks)	2	
		Often (more than 10 times in the past 4 weeks)	3	
203.	In the past four <u>weeks</u> , did you or your children go to sleep hungry at night because there was not enough food?	Yes	1	<b>If no, skip to 205.</b>
		No	2	
204.	How many times did this happen? <b>Read the responses.</b>	Rarely (1–2 times in the past 4 weeks)	1	
		Sometimes (3–10 times in the past 4 weeks)	2	
		Often (more than 10 times in the past 4 weeks)	3	
205.	In the past four <u>weeks</u> , did you or your children go a whole day and night without eating anything because there was not enough food?	Yes	1	<b>If no, skip to 301.</b>
		No	2	
206.	How many times did this happen? <b>Read the responses.</b>	Rarely (1–2 times in the past 4 weeks)	1	
		Sometimes (3–10 times in the past 4 weeks)	2	
		Often (more than 10 times in the past 4 weeks)	3	

—END OF SECTION—

### SECTION 3: SEXUAL HISTORY

These next questions ask you about sex. By sex, I mean vaginal, oral, or anal sex, or the insertion of an object into your vagina or anus. These questions may be awkward to answer. If you do not want to answer, you do not have to. Please just say PASS. If you do choose to answer, please be as honest as you can. The information you provide will help us improve our programs. Everything that you tell me will be held in strict confidence.

No.	Questions	Coding Categories	SKIP
301.	In total, with how many different partners have you had sex with in the past week? If you don't remember, give your best estimate.	Number of partners [ _ _ _ _ ] Don't know/refused 88	If 00, skip to 305.
302.	How many of the partners that you had sex with in the past week were paying clients?	Number of partners [ _ _ _ _ ] Don't know/refused 88	
303.	How many of the partners that you had sex with in the past week were non-paying partners?	Number of partners [ _ _ _ _ ] Don't know/refused 88	
304.	In the past week, how often did you use a condom during sex? Would you say always, usually, sometimes, rarely, or never?	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5 Did not have sex in the past week 00 Don't know/refused 88	
305.	Was a condom used the last time you had sex with a paying client?	Yes 1 No 2 Don't know/refused 88	
306.	Was a condom used the last time you had sex with a non-paying partner?	Yes 1 No 2 Don't know/refused 88	

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
307.	Where do you mostly meet your clients or partners?	<div>Your home 1</div> <div>Your client's home 2</div> <div>Street/highways 3</div> <div>Brothels 4</div> <div>Lodging/guesthouse/rest house/hotels 5</div> <div>In public (parks, beach, public toilet) 6</div> <div>Bar without lodging 7</div> <div>Massage parlor 8</div> <div>Other (specify) 66</div>	

—END OF SECTION—

## SECTION 4: DRUG AND ALCOHOL USE

No.	Questions	Coding Categories		SKIP
401.	How often have you had alcohol in the past six months?	Did not drink	1	If did not drink, refused, or don't know, skip to 404.
		One time a month or less	2	
		2–4 times a month	3	
		2–3 times per week	4	
		4+ times per week	5	
		Don't know/refused	88	
402.	How many drinks containing alcohol do you have on a typical day when you are drinking?	[ ] [ ] (number of drinks)		
		Don't know/refused	88	
403.	How often do you have five or more drinks on one occasion? <b>Do not read out the answers.</b>	Never	1	
		Monthly or less	2	
		Two to four times a month	3	
		Two to three times per week	4	
		Four or more times a week	5	
		Don't know/refused	88	
404.	During the past six months, have you consumed any drugs without having a medical reason?	Yes	1	If no, refused, or don't know, skip to 501.
		No	2	
		Don't know/refused	88	
405.	Have you ever injected drugs?	Yes	1	If no, don't know, or refused, skip to 501.
		No	2	
		Don't know/refused	88	
406.	If yes, did you inject drugs in the past six months?	Yes	1	
		No	2	
		Don't know/refused	88	

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories		SKIP
407.	Have you ever shared needles or syringes?	Yes	1	If no, don't know, or refused, skip to 501.
		No	2	
		Don't know/refused	88	
408.	If yes, did you share needles or syringes in the past six months?	Yes	1	
		No	2	
		Don't know/refused	88	

—END OF SECTION—

## SECTION 5: HIV/AIDS PREVENTION, STATUS, AND TREATMENT

Now we will ask a few questions about your sexual health. Remember that everything that you say will be confidential. You can ask to skip any question that you do not want to answer.

No.	Questions	Coding Categories		SKIP
501.	During the past six months, have you had an abnormal discharge from your vagina, pelvic pain, or a sore or ulcer on or near your vagina? Abnormal discharge may include an unusual smell, color, or texture.	Yes	1	
		No	2	
		Don't know/refused	88	
502.	Did you see a healthcare provider because of these problems?	Yes	1	If no, don't know, or refused, skip to 505.
		No	2	
		Don't know/refused	88	
503.	In the past six months, did a healthcare provider tell you that you had a sexually transmitted infection, other than HIV?	Yes	1	If no, don't know, or refused, skip to 505.
		No	2	
		Don't know/refused	88	
504.	Did you get treatment for these problems?	Yes	1	
		No	2	
		Don't know/refused	88	
	The next questions are about HIV and AIDS. Remember that everything that you say will be confidential. You can ask to skip any question that you do not want to answer.			
505.	Now I would like to talk about something else. Have you ever heard of an illness called HIV or AIDS?	Yes	1	If no, skip to 601.
		No	2	
506.	Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission?	Yes	1	
		No	2	
		Don't know/not sure	88	
507.	Can using condoms reduce the risk of HIV transmission?	Yes	1	
		No	2	
		Don't know/not sure	88	
508.	Can a healthy-looking person have HIV?	Yes	1	
		No	2	
		Don't know/not sure	88	

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
509.	Can a person get HIV from mosquito bites?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/not sure 88</div>	
510.	Can a person get HIV by sharing a meal with someone who is infected?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/not sure 88</div>	
511.	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<div>Y N DK</div> <div>During pregnancy 1 2 8</div> <div>During delivery 1 2 8</div> <div>By breastfeeding 1 2 8</div>	
512.	Have you ever been tested for HIV?	<div>Yes 1</div> <div>No 2</div>	If no, skip to 601.
513.	How many months ago was your most recent HIV test?	<div>Months [ ]</div> <div>Two or more years 95</div>	
514.	I would like to know the results of your most recent HIV test so that we can find out more about how people living with HIV and AIDS are receiving medical care and treatment. You do not need to tell me the result of your most recent test if you don't want to, but if you do tell me, please know that I won't tell anyone in your family or in this community. What was the result of your last test?	<div>HIV positive 1</div> <div>HIV negative 2</div> <div>Unknown/indeterminate 3</div> <div>Did not receive results 4</div> <div>Don't know/refused 88</div>	If not HIV positive (2–4, 88), skip to 528.
515.	Antiretrovirals (ARVs) are medications that reduce the multiplication of the virus in an HIV-infected person and make it possible for them to live longer with HIV. Have you ever taken antiretroviral drugs to treat your HIV infection?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If no, don't know, or refused, skip to 523.
516.	Are you currently taking antiretroviral drugs? By currently, I mean you may have missed some doses but are still taking ARVs?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If no, don't know, or refused, skip to 523.
517.	When did you start taking ARVs? Estimate month and year.	<div>Month Year</div> <div>[ ] [ ]</div>	



**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
518.	Have you taken ARVs during the past six months?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
519.	Have you ever missed an appointment for a blood test, or to pick up your medication during the past six months?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
520.	Have you ever stopped taking antiretroviral drugs since you started taking them during the past six months?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If no, don't know, or refused, skip to 523.
521.	What are the reasons why you stopped taking antiretroviral drugs?  <b>Circle all responses mentioned.</b>	<div>They made me sick 1</div> <div>They did not work 2</div> <div>I could not afford them 3</div> <div>Distance to get them is far 4</div> <div>I was feeling better and did not need them 5</div> <div>A doctor/nurse told me to stop taking them 6</div> <div>The pharmacy ran out of medicine 7</div> <div>Other (specify) 66</div>	
522.	People sometimes forget to take their ARVs. In the past 30 days, how many days have you missed taking any of your ARV pills?  <b>CODE "00" IF NONE</b>	<div>[ ] Number of days</div> <div>Don't know/refused 88</div>	
523.	Some people with HIV get their viral load measured. This is a test that measures how much HIV is in your blood. Did you ever have a viral load test?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If no, don't know, or refused, skip to 528.
524.	When did you last have a viral load test?	<div>In the past 12 months 1</div> <div>More than a year ago 2</div> <div>Don't know/refused 88</div>	If don't know or refused, skip to 528.

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories		SKIP
525.	Did you learn the result of your most recent viral load test?	Yes	1	If don't know or refused, skip to 528.
		No	2	
		Don't know/refused	88	
526.	Viral load results can be "suppressed" or "not suppressed." "Suppressed" means that there is very low or no virus in your blood. "Not suppressed" means that there is still plenty of virus in your blood. Was your last viral load test "suppressed" or "not suppressed?"	Suppressed	1	If don't know or refused, skip to 528.
		Not suppressed	2	
		They did not tell me the result	3	
		Don't know/refused	88	
527.	How much virus was in your blood when you last tested your viral load?	Less than 1,000	1	
		Between 1,000 and 10,000	2	
		Between 10,000 and 100,000	3	
		More than 100,000	4	
		Don't know/refused	88	
528.	Now we will ask some questions about pre-exposure prophylaxis (PrEP). PrEP is a medicine that can prevent HIV. It is taken by HIV-negative people.  Have you ever heard of PrEP?	Yes	1	If no, don't know, or refused, skip to 601.
		No	2	
		Don't know/refused	88	
529.	Have you ever taken PrEP?	Yes	1	If no, don't know, or refused, skip to 601.
		No	2	
		Don't know/refused	88	
530.	In the past six months, have you taken PrEP?	Yes	1	
		No	2	
		Don't know/refused	88	

—END OF SECTION—

**SECTION 6: CAREGIVER MENTAL HEALTH**

The next questions ask you to think about how you felt in the past week. For each statement, please respond with “yes” or “no.”

No.	Questions	Coding Categories		SKIP
601.	Did you have times in which you were thinking deeply or thinking about many things?	Yes	1	
		No	2	
602.	Did you find yourself sometimes failing to concentrate?	Yes	1	
		No	2	
603.	Did you lose your temper or get annoyed over trivial matters?	Yes	1	
		No	2	
604.	Did you have nightmares or bad dreams?	Yes	1	
		No	2	
605.	Did you sometimes see or hear things that others could not see or hear?	Yes	1	
		No	2	
606.	Was your stomach aching?	Yes	1	
		No	2	
607.	Were you frightened by trivial things?	Yes	1	
		No	2	
608.	Did you sometimes fail to sleep or lose sleep?	Yes	1	
		No	2	
609.	Were there moments when you felt life was so tough that you cried or wanted to cry?	Yes	1	
		No	2	
610.	Did you feel run down (tired)?	Yes	1	
		No	2	
611.	Did you at times feel like committing suicide?	Yes	1	
		No	2	
612.	Were you generally unhappy with things you were doing each day?	Yes	1	
		No	2	
613.	Was your work lagging behind?	Yes	1	
		No	2	

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
614.	Did you feel you had problems in deciding what to do?	Yes 1 No 2	

—END OF SECTION—

**SECTION 7: PROGRAM SERVICES RECEIVED**

We have arrived at the last section of the questionnaire. We are almost finished. Thank you very much for your participation so far.

No.	Questions	Coding Categories	SKIP
<b>701.</b>	<p><b>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</b></p> <p>I am going to read a list of items and services. Please tell me if you and/or your child(ren) received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> <li>• at home</li> <li>• at a community event/community space</li> <li>• completing a referral for the item/service</li> <li>• being transported/accompanied to a facility that provides the item/service.</li> </ul> <p><b>Read each item(s)/service(s). Circle the final responses.</b></p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
		<b>Y N DK</b>	
<b>01.</b>	Individual health insurance coverage or health access card	1 2 8	
<b>02.</b>	Family health insurance coverage or health access card	1 2 8	
<b>03.</b>	Insecticide-treated mosquito net	1 2 8	
<b>04.</b>	HIV treatment literacy	1 2 8	
<b>05.</b>	Counseling and HIV disclosure support	1 2 8	
<b>06.</b>	<p>HIV adherence support</p> <p><b>Define adherence as necessary:</b> Adherence means that the patient is taking drugs correctly. It involves taking the right drug, in the right dose, with the right frequency, at the right time. It also means that the patient attended all scheduled clinic appointments, lab tests, and prescription refills.</p> <p><b>Provide examples as necessary:</b> Examples of adherence support include visits from health workers to discuss treatment adherence, education and advice about tools to increase adherence, and referral to support services as needed.</p>	1 2 8	
<b>07.</b>	Completed a referral for or was facilitated to obtain HIV testing services	1 2 8	
<b>08.</b>	Completed a referral for or was facilitated to obtain HIV testing for infant at 4–6 weeks of age	1 2 8	
<b>09.</b>	Completed a referral for or was facilitated to obtain testing for tuberculosis	1 2 8	
<b>010.</b>	Completed a referral for or was facilitated to obtain CD4 and viral load testing	1 2 8	
<b>011.</b>	Completed a referral for or was facilitated to obtain HIV treatment and care	1 2 8	

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
<b>701.</b>	<p><b>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</b></p> <p>I am going to read a list of items and services. Please tell me if you and/or your child(ren) received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> <li>• at home</li> <li>• at a community event/community space</li> <li>• completing a referral for the item/service</li> <li>• being transported/accompanied to a facility that provides the item/service.</li> </ul> <p><b>Read each item(s)/service(s). Circle the final responses.</b></p> <p style="color: red; text-align: center;"><b>[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</b></p>		
<b>012.</b>	Completed a referral for or was facilitated to obtain treatment for an HIV-related opportunistic infection such as tuberculosis, hepatitis B, or hepatitis C	1   2   8	
<b>013.</b>	Completed a referral for or was facilitated to obtain treatment for sexually transmitted infection(s) such as hepatitis B, herpes, genital warts, chlamydia, gonorrhea, or syphilis	1   2   8	
<b>014.</b>	Completed a referral for or was facilitated to obtain routine healthcare	1   2   8	
<b>015.</b>	Completed a referral for or was facilitated to obtain emergency healthcare	1   2   8	
<b>016.</b>	Structured support group for people living with HIV	1   2   8	
<b>017.</b>	Supplementary or therapeutic foods based on moderate or severe acute malnutrition status (per assessment, e.g., mid-upper arm circumference) for child under 5	1   2   8	
<b>018.</b>	Completed a referral for or was facilitated to obtain immunization for child under 5	1   2   8	
<b>019.</b>	Regularly tracked developmental milestones for child under 5	1   2   8	
<b>020.</b>	Completed referrals for developmental support for child under 5	1   2   8	
<b>021.</b>	Completed a referral for or was facilitated to obtain pre-exposure prophylaxis	1   2   8	
<b>022.</b>	Completed a referral for or was facilitated to obtain condoms and/or lubricant	1   2   8	
<b>023.</b>	Completed a referral for or was facilitated to obtain voluntary medical male circumcision (for male child)	1   2   8	
<b>024.</b>	Completed a referral for or was facilitated to obtain women's health counseling and/or products, including condoms	1   2   8	
<b>025.</b>	Completed a referral for or was facilitated to obtain substance abuse support by a trained provider	1   2   8	

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
<b>701.</b>	<p><b>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</b></p> <p>I am going to read a list of items and services. Please tell me if you and/or your child(ren) received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> <li>• at home</li> <li>• at a community event/community space</li> <li>• completing a referral for the item/service</li> <li>• being transported/accompanied to a facility that provides the item/service.</li> </ul> <p><b>Read each item(s)/service(s). Circle the final responses.</b></p> <p style="color: red; text-align: center;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
<b>026.</b>	Completed a referral for or was facilitated to obtain perinatal care, including prevention of mother-to-child transmission services if HIV-positive	1    2    8	
<b>027.</b>	Household hygiene counseling and messaging on water, hygiene, and sanitation	1    2    8	
<b>028.</b>	Safety plan, or [as defined in context]	1    2    8	
<b>029.</b>	Structured family group conferencing to prevent occurrence/reoccurrence of child abuse, exploitation, or neglect	1    2    8	
<b>030.</b>	Structured psychosocial support related to family conflict mitigation and family relationships	1    2    8	
<b>031.</b>	Post-violence trauma-informed counseling from a trained provider	1    2    8	
<b>032.</b>	Completed a referral for or was facilitated to obtain post-violence medical care	1    2    8	
<b>033.</b>	Session with a child protection officer, the police, or other local child protection authority	1    2    8	
<b>034.</b>	Project-filed report of suspected abuse to a child protection office, the police, or other local authority	1    2    8	
<b>035.</b>	Emergency shelter/care facility or kinship care placement and monitoring for children	1    2    8	
<b>036.</b>	Legal assistance related to maltreatment, gender-based violence, trafficking, or exploitation	1    2    8	
<b>037.</b>	Structured safe spaces intervention, such as [include list of context specific interventions]	1    2    8	
<b>038.</b>	Participated in intervention on preventing HIV and violence and reducing and avoiding sexual risk, such as [include list of context specific interventions]	1    2    8	

**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
<b>701.</b>	<p><b>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</b></p> <p>I am going to read a list of items and services. Please tell me if you and/or your child(ren) received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> <li>• at home</li> <li>• at a community event/community space</li> <li>• completing a referral for the item/service</li> <li>• being transported/accompanied to a facility that provides the item/service.</li> </ul> <p><b>Read each item(s)/service(s). Circle the final responses.</b></p> <p style="color: red; text-align: center;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
<b>039.</b>	Participated in an early childhood intervention with a trained provider, such as [include list of context specific interventions]	1   2   8	
<b>040.</b>	Participated in a parenting intervention to prevent and reduce violence and/or sexual risk of their children, such as [include list of context-specific interventions]	1   2   8	
<b>041.</b>	Received regular assistance/support with homework (e.g., homework club participation)	1   2   8	
<b>042.</b>	Received a school uniform, books, or other materials	1   2   8	
<b>043.</b>	Received bursary, tuition, school fees, or fee exemption	1   2   8	
<b>044.</b>	Received assistance for reenrollment (i.e., for dropouts or teen mothers)	1   2   8	
<b>045.</b>	Legal & other administrative fees related to guardianship, civil registration, or inheritance	1   2   8	
<b>046.</b>	Succession plan to ensure inheritance and financial security of family members	1   2   8	
<b>047.</b>	Cash transfer or another social grant	1   2   8	
<b>048.</b>	Short-term emergency cash support	1   2   8	
<b>049.</b>	Evidenced-based food security intervention	1   2   8	
<b>050.</b>	<p>Regularly participated in a <u>market-linked</u> economic strengthening activity, such as:</p> <ul style="list-style-type: none"> <li>a. financial literacy training</li> <li>b. business skills training</li> <li>c. entrepreneurship training and support</li> <li>d. agribusiness training</li> <li>e. women's economic empowerment</li> <li>f. savings groups</li> <li>g. linkages to formal financial institutions (banks, credit unions, microfinance institutions, etc.)</li> </ul>	1   2   8	



**MEASURE Evaluation Questionnaire for Female Sex Worker Caregivers, Ages 18 and Older, Version 1.0**

No.	Questions	Coding Categories	SKIP
<b>701.</b>	<p><b>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</b></p> <p>I am going to read a list of items and services. Please tell me if you and/or your child(ren) received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> <li>• at home</li> <li>• at a community event/community space</li> <li>• completing a referral for the item/service</li> <li>• being transported/accompanied to a facility that provides the item/service.</li> </ul> <p><b>Read each item(s)/service(s). Circle the final responses.</b></p> <p style="color: red; text-align: center;"><b>[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</b></p>		
	<p>h. numeracy training</p> <p>i. soft skills training (job readiness, borrower training, career planning, etc.)</p> <p>j. small business support (business planning, market linkages, etc.)</p>		
<b>051.</b>	Safe shelter-related repair or construction	1    2    8	

—END OF SECTION—

I have come to the end of my questions.

No.	Question	Coding Category
<b>016.</b>	<p>Is there anything you would like to add or ask us?</p> <p><b>Record questions or comments.</b></p>	<hr/> <hr/> <hr/> <hr/>

Thank you for participating in this interview!

<b>017.</b>	END TIME	[ ][ ]:[ ][ ]
-------------	----------	---------------

I have come to the end of my questions. I would now like to ask you some questions about [NAME].

*For children ages 0–9, apply the Questionnaire for Children Ages 0 to 9 of Female Sex Workers.*

*For children ages 10–17, apply the Questionnaire for Adolescent Children (Ages 10 to 17) of Female Sex Workers directly with the adolescent, with both parental consent and child assent.*

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TL-19-35c

