

Demographic (DEM) CRF [Visit 1]

Note: Information in italics is for the interviewer and will not be read aloud to the participant. All response options should be read aloud to the participant unless shown in italics.

<p>INTERVIEWER READS: The following are some questions regarding your background to help us describe the people who participated in this study. All the information you provide will be kept confidential and will not be shared with anyone else besides the research study staff.</p>		
1.	How old are you?	Age (in years): <input type="text"/> <input type="text"/>
<p><i>Question 2 and 3 response options may be modified, as appropriate, for study population and location.</i></p>		
2.	What sex were you assigned at birth?	<input type="checkbox"/> <i>1 Female</i> <input type="checkbox"/> <i>2 Male</i> <input type="checkbox"/> <i>3 Intersex</i> <input type="checkbox"/> <i>4 Prefer not to answer</i>
3.	What is your gender identity?	<input type="checkbox"/> <i>1 Woman</i> <input type="checkbox"/> <i>2 Man</i> <input type="checkbox"/> <i>3 Transgender woman</i> <input type="checkbox"/> <i>4 Transgender man</i> <input type="checkbox"/> <i>5 Nonbinary, Gender Non-Conforming, or Genderqueer</i> <input type="checkbox"/> <i>6 A gender not listed here, please specify: _____</i> <input type="checkbox"/> <i>7 Prefer not to answer</i>
4.	What is your race or ethnicity?	<p><i>For sites in South Africa and Zimbabwe</i></p> <input type="checkbox"/> <i>1 Black</i> <input type="checkbox"/> <i>2 Colored</i> <input type="checkbox"/> <i>3 Indian</i> <input type="checkbox"/> <i>7 Asian</i> <input type="checkbox"/> <i>4 White</i> <input type="checkbox"/> <i>10 Other, please specify: _____</i> <p><i>For US site (select all that apply)</i></p> <input type="checkbox"/> <i>5 Hispanic or Latino</i> <input type="checkbox"/> <i>4 White</i> <input type="checkbox"/> <i>6 Black or African American</i> <input type="checkbox"/> <i>7 Asian</i> <input type="checkbox"/> <i>8 Native Hawaiian or Other Pacific Islander</i> <input type="checkbox"/> <i>9 American Indian or Alaska Native</i> <input type="checkbox"/> <i>10 Other, please specify: _____</i>
5.	What is the language most spoken in your home?	<p>Language code: <input type="text"/> <input type="text"/></p> <p>If 17 (Other), please specify: _____</p> <p><i>Languages (listed at end of form) and codes will appear on screen.</i></p>

6.	What is your highest level of school completed?	<input type="checkbox"/> 1 No schooling <input type="checkbox"/> 2 Primary school, not complete <input type="checkbox"/> 3 Primary school, complete <input type="checkbox"/> 4 Secondary/high school, not complete <input type="checkbox"/> 5 Secondary/high school, complete <input type="checkbox"/> 6 Post-secondary education, not complete <input type="checkbox"/> 7 Post-secondary education, complete
7.	What is your relationship status?	<input type="checkbox"/> 1 Single <input type="checkbox"/> 2 In a relationship, not married <input type="checkbox"/> 3 Married <input type="checkbox"/> 4 Other, <i>please specify:</i> _____
8.	What is your religion?	<input type="checkbox"/> 1 Christianity <input type="checkbox"/> 2 Islam <input type="checkbox"/> 3 Judaism <input type="checkbox"/> 4 Other, <i>please specify:</i> _____ <input type="checkbox"/> 5 None → skip to Q10
9.	How many times a week do you attend religious services?	<input type="checkbox"/> 1 More than once a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 Occasionally <input type="checkbox"/> 4 Never
10.	Are you dependent on someone else for financial support?	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, my partner/s (<i>boyfriend, husband, sex partners</i>) <input type="checkbox"/> 3 Yes, other family members <input type="checkbox"/> 4 Yes, someone else (<i>please specify:</i>) _____
11.	Do you currently earn an income of your own, including any government grants?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → skip to Q13
12.	Who usually decides how the money you earn will be used?	<input type="checkbox"/> 1 You <input type="checkbox"/> 2 Your partner <input type="checkbox"/> 3 You and your partner, jointly <input type="checkbox"/> 4 Other, <i>please specify:</i> _____
13.	In the past 30 days, how often did you worry that you would not have enough food? <i>Read options and mark one</i>	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely (once or twice) <input type="checkbox"/> 3 Sometimes (3-10 times) <input type="checkbox"/> 4 Often (more than 10 times)
14.	How many rooms are in the household you are currently living in? Rooms include kitchens, bedrooms, common or living rooms. Do not include bathrooms or halls.	<input type="checkbox"/> <input type="checkbox"/> <i>Please write 'ND' if the participant does not want to respond.</i>
15.	How many people in total live in your household, including you?	# of household residents: <input type="checkbox"/> <input type="checkbox"/> <i>Please write 'ND' if the participant does not want to respond.</i>

16.	Who are the people you live with now? <i>Mark all that apply</i>	Yes	No
	a. I live alone [End form]	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b. Partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c. Sibling(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	d. Mother and/or father	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	e. Other relative(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	f. Your child(ren)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	g. Friend(s)/Roommate(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	h. Other, <i>please specify</i> : _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

END OF CRF

CRF Completed By: _____ (initials) CRF Completion Date: ___ / ___ / _____ (dd/mm/yyyy)

Question 5 Language Codes:

1	Kikuyu
2	Kiswahili
3	English
4	Kamba
5	Luhya
6	Kisii
7	Afrikaans
8	Setswana
9	Sesotho
10	isiZulu
11	Xhosa
12	Ndebele
13	Tsonga
14	Venda
15	Sepedi
16	Shona
17	Other, specify: