Evaluation of Avahan Community Mobilization Phase III

Female Sex Workers

Questionnaire for Behavioral Data Collection using the Member Engagement and Communication Tool (MECT)

Population Council
New Delhi, India

INTRODUCTION

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1. Greetings (for example: Good Morning/Good Afternoon/Good Evening).
2. Introduce yourself.
3. Emphasize the confidentiality and importance of the responses.
4. Thank the person for having agreed to participate.

Operational Definition:

Female Sex Worker (FSW): Woman, aged 18 years or more, who engaged in consensual sex in exchange for money/payment in kind in the last one month.

Member Engagement and Communication Tool

Questionnaire ID:
State ☐☐ CO ☐☐ FW ☐☐ Respondent ☐☐☐

Name of the CO: …… District Name: ……

Section 1 : Profile of the Respondent

1.6	Dominant Typology:	Home based	Lodge based	Brothel based	Tamasha based	Street based	Devdasi	Others (Specify)

1.7	Where do you stay	Home	Hut	Street
1.8	Age of the respondent (In completed years)			
1.9	What is the highest standard or class / year of college you completed?			
1.9A	Are you native of this district?	Yes No	1 2	

1.10	Language abilities						
Circle the mother tongue (Circle one only)	**Kannada**	**Telugu**	**Marathi**	**Hindi**	**Tamil**	**English**	**Others (Specify)**
Language Ability							

Codes : Speak – A, Read – B, Write - C Language not known-Z

1.11	What is your marital status?	Married-1	Never Maried-2	Deserted/Separated/Divorced-3	Widowed-4	Others (specify)-9
1.12	Currently with whom you are living?					

1.►**1.15**	2►**1.15**	3	4	5	6►**1.15**	7►**1.15**	77►**1.15**
Living alone	With Parents	With Husband	Living with – Short term partner (<6 months)	Living with – Long term partner (>= 6 months)	With Gharwali/ Madam	With the group of sex workers	With others – Specify

1.13	What is the occupation of your husband/partner with whom you are currently living? (use codes) (Ask if response in 1.12 is 3 or 4 or 5)	

Code : Unemployed -1, Driving -2, Daily wages Labor – 3, Self Employed – 4 , Salaried – Pvt - 5 , Salaried – Govt - 6, Seasonal migration-7, Others (Specify) - 77

1.14	What is the monthly income of your significant partner? (Write in Rupees)	**Rs.**

1.15	How many dependents do you have?							
1.15 A	Total number of household members, including you?	HH members		Earning members				
1.16	Do you have any children dependent on you? If Yes, provide the details according to the birth order	Yes	1	No	2	►**1.17**		

Birth order	Gender. Male – 1. Female – 2	Age	Is he/she going to school/College Yes – 1, No – 2	If Yes, Studying in Which Class / year of College	Where is he/she living	Codes : With Self – 1, Respondent's Parents – 2, Husband -3, Boarding School – 4, Relatives – 5, Others - 77 (Specify)
Child 1						
Child 2						
Child 3						
Child 4						

1.17	Since How many years you are in sex work? Write number of years	

1.18	Please circle months in which they work as sex worker	1 Jan	2 Feb	3 March	4 April	5 May	6 June	7 July	8 Aug	9 Sept	10 Oct	11 Nov	12 Dec
1.19	Write the name/s of the towns they work from in the respective month												

1.20	How often you change the place for sex work? (Circle the relevant, single option)				
1	2	3	4	5	6
Daily	Weekly	Fortnightly	Once in a month	Irregularly	Never

1.21	On an average how many paid clients you get in a week? (Write number of clients)	Occasional or New clients	
		Regular clients	
		Total no. of clients	

Please collect following details		Occasional or New clients	Regular clients	Codes
A	How do you primarily solicit your clients (Use codes)			At hot spot – **1,** Contact through phone – **2,** Clients will contact – **3,** through network operators/pimps/Brokers – **4,** through Face Book/internet – **5,** They come directly **– 6,** through co sex worker **– 7,** Others **– 8**
B	Where do you primarily solicit clients?			Home - 1, Rented Room – 2, Lodge/Hotels – 3, Dhaba – 4, Brothel – 5, Bar/Night club – 6, Truck Terminals – 7, Highway/Road – 8, Public place – 9, Massage parlor – 10, Other – 11
C	On average, how much did you charge a client in the last month?			≤ 100 – **1**, 101 to 300 – **2,** 301 to 500 – **3**, 501 to 750 - **4** 751 to 1000- **5,**> 1000 – **6,**
D	What is the minimum amount you charged a client in the last month?	Rs. _____	Rs. _____	
E	What is the maximum amount you charged a client in the last month?	Rs. _____	Rs. _____	

		1.21H. Did you have sex with the following partners in the last 12 months? Yes 1 No 2 ►**1.21JJ**	1.21I. How often did you use a condom with the following partners in the last 12 months? 1. Every time; 2. Most of the time, 3. Some times, 4. Never	1.21J. Did you use a condom the last time you had sex with the following partners? Yes 1 No 2	1.21JJ. Did you have Anal sex with the following partners in the last 12 months? Yes 1 No 2
A.	Husband/live-in partner				
B.	Non regular, non-paying partner				

		1.21K. Did you have sex with the following clients in the last month? Yes 1 No 2►**1.21MM**	1.21L. How often did you use a condom with the following clients in the last month? 1. Every time; 2. Most of the time, 3. Some times, 4. never	1.21M. Did you use a condom the last time you had sex with the following clients? Yes 1 No 2	1.21MM. Did you have Anal sex with the following Clients in the last 12 months? Yes 1 No 2
A.	Regular clients				
B.	Occasional or new clients				

1.21 N	In the past 6 months, have you ever faced a situation when you wanted to use condoms but could not do so?		Yes No	1 2►**1.22**
1.21 O	What was the main reason for not using condom?	Client did not want to use I did not have a condom with me that time The PE/ORW could not supply condoms and hence I did not have it Others (specify)	1 2 3 9	
1.21P	How often did this situation occur in the last six months because the PE/ORW could not supply the required condoms?	Never On a few occasions Half the times Most of the times Always	1 2 3 4 5	

1.22	Do you feel the need for using lubricants?	Yes	1	No	2	Don't Know	3	
1.23	Do you use lubricants?	Yes	1	No	2	Don't Know	3	
1.24	Other than sex work, are you doing any other work for earning livelihood?				Yes	1	No 2	►**1.27**
1.25	What work do you do? (Circle the relevant option)							

1	2	3	4	5	6	77

Daily Labor	House maid	Petty shop	Private Job	Government Job	Street vendor	Others – Specify

1.26	How much do you earn from this job in month?	Rs/-
1.27	How much do you earn from sex work in a month?	Rs/-

1.28	Do you consume ~~a~~lcoholic drinks?	Yes No	1 2►**1.28B**
1.28 A	How often do you consume alcoholic drinks?	Some times (< 3 times a week) Regularly (>3 times a week) When client forces	1 2 3

1.28B	During the past six months have you suffered from any of these symptoms?		Yes	No	
		Genital sore/ulcer	1	2	If no to all in 1.28B, skip to 1.30
		Yellowish/greenish discharge from vagina with or without foul smell	1	2	
		Lower abdominal pain when not suffering from diarrhea/ dysentery	1	2	
1.29	Are you suffering from any of these signs or Symptoms NOW?		Yes	No	
		Genital sore/ulcer	1	2	
		Yellowish/greenish discharge from vagina with or without foul smell	1	2	
		Lower abdominal pain when not suffering from diarrhea/ dysentery	1	2	

1.30	If you suffer from any of the above mentioned symptoms, do you know where do you get treatment? *Collect the name and address of the clinic/hospital*	Not aware	1
		Public Hospital / Clinic	2
		Private Hospital / Clinic	3
		Charitable Hospital	4
		TI Clinic	5
		Others - Specify _____	77

1.30 A	In the past 6 months, have you ever faced a situation when you wanted to undergo STI treatment and could not do so?	Yes No	1 2►**1.31**
1.30B	What was the main reason for not undergoing treatment?	STI drugs not available at the clinic Clinic not accessible Did not have time to visit it Doctor was not available when I went to visit I feel discriminated at the clinic and hence do not go for treatment	1 2 3 4 5
1.30C	How often in the past 6 months, were you denied STI treatment because of lack of drugs at the clinic?	Never On a few occasions Half the times Most of the times Always	1 2 3 4 5

1.31	In the last two years how many times have you tested for HIV?	Number …... Never tested 0	If '0' ►**1.32**
1.31 A	If you have no problem in sharing, may I know your HIV status?	Positive Negative Don't want to share my HIV status	1 2►**1.32** 3►**1.32**
1.31B	Are you currently on ART?	Yes No	1 2►**1.32**
1.31B1	Are you receiving ART medication regularly from ART center?	Yes No	1 2
1.31B2	Are you consuming ART medication regularly as prescribed?	Yes No	1 2
1.31C	In the past 6 months, have you ever faced a situation when you wanted to take ART and could not do so?	Yes No	1 2►**1.32**
1.31 D	What was the main reason for not undergoing treatment?	Medicines not available at ART center Migrated to a different area ART center not accessible Fear of disclosure of HIV status to	1 2 3 4

		others I feel discriminated at the ART center and hence do not go for treatment CD4 count is sufficient Other – (Specify)	5 6 9
1.31E	How often in the past 6 months, were you denied ART treatment because of lack of drugs at the clinic?	Never On a few occasions Half the times Most of the times Always	1 2 3 4 5

1.32	Do you know the CO (Please share your CO's Name)	Yes	1	No	2 ►**2.1**
1.33	Are you a registered member of a community organization (CO)?	Yes	1	No	2 ►**1.38**
1.34	If Yes, Since when did you become a member? (Write number of months and years since registered)				Months ____ Years
1.35	Have you ever paid annual membership fee?	Yes	1	No	2 ►**1.38**
1.36	If Yes, How much annual membership fee have you paid?				
1.37	When did you paid last annual membership fee?				MM/YYYY
1.38	Do you share the information shared with you by the field workers with other KPs?	Yes	1	No	0
1.39	Are you a member of some SHG/CBG/CIG/Aastha Gath?	Yes	1	No	0 ►**1.41**
1.40	If yes, what is the name of the group?				
1.41	How much you trust the CO's to resolve your issues? (Circle the code)	No trust – 1, Some trust – 2, Fully trust – 3			
1.42	How frequently do you interact with the CO? (Specify the code)	Every day – **1**, Once a week -**2,** Once every two weeks – **3,** Once a month – **4** Other – specify – **5**			
1.43	Can you mention 3 leaders in your CO who you respect and listen to?				

1.44	Currently are you handling any positions of the CO?	Yes	1	No	2	
1.45	Have you handled any positions of the CO in the past?	Yes	1	No	2	
1.46	Do you want to take a leadership Role in CO in future?	Yes	1	No	2	
1.47	If Yes, What Role would you like to play? (please specify)					
1.48	Can you tell us three services you received from the CO during last six months					
1.49	Can you tell us three things /services you provided or contributed to the CO?					
1.50	What are the 3 words (feelings) that come to your mind when you think of the CO?					
1.51	What would you lose if the CO did not exist?					
1.52	If you were managing the CO, what is the one thing that you would change?					
1.53	How do you feel about your CO? Why?	Proud	1	Disappointed	2	Why?
1.54	Which of the following phones do you use?	Touch screen	1	Button phones	2	

Section 2 : Access to services - Safety, Security and Justice

2.1	Do you know forms of violence	Yes	1	2.2	Have you attended any session on legal education	Yes	1
		No	2			No	2
2.3	What techniques are used for preventing violence? (record verbatim)						

	A. In the last six months have you faced any of the following?	B Yes -1 No-2	C. If Yes, By Whom? (Use codes)	D. If yes, Number of incidents happened in the last 6 months?	E. What do you feel about it? It is normal (can't do anything) – 1 It is abnormal – 2 (needs to be addressed)	F. Did you report the last incident to anybody? **Yes-1, No-2** ►**H**	G. If Yes, Whom did you Report? Uses Code ►**I**	H. If No, Why did you not Report? Uses Code	I. If, Yes, did you receive the justice? **Yes-1** **No-2**

2.4	Physical Violence (hurt, hit, slapped, pushed, kicked, punched, choked, or burnt..etc)	1 2►**2.5**							
2.5	Sexual Violence (forced to have sex by anyone when you didn't want to?)	1 2►**2.6**							
2.6	Abuse, called names etc (Blackmailed, scolded in public….etc)	1 2►**2.7**							

C -Codes for faced violence by: Stranger -1, Client -2, Boyfriend/Partner -3, Husband-4, Pimps/Broker/Mediator - 5, Police - 6, Goons-7, Other Sex worker-8, Madam/ Gharwali – 9, Family (Other than husband)-10, Others (Specify _____) – 77

G – Codes for violence reported to: CO Leaders – 1, CO staff – 2, Crisis Response Team – 3, Fellow Sex Worker – 4, Pimp/Madam – 5, Police – 6, Don't remember – 7, CO help line-8, Other help line-9, Others (Specify _____) – 77

H – Codes for reasons of not reporting: Fear of disclosure – 1, Do not know whom to report -2, Don't know what to do – 3, I was advised not to disclose-4, Not needed – 5, Others (Specify _____) – 77

2.7	According to you, what kind of change has there been in the trends of violence towards you in the past 12 months? Use codes	No Change	1
		Increasing	2
		Decreasing	3

Section 3: Access to services - Social Protection

SN	Civic Identities	A. Do you have these **Yes-1, No-2 ►C**	B. If yes, since when (Write in no of months) **►E**	C. If no, have you applied? **Yes-1, No-2►Next row**	D. If yes, when did you apply (write in the no of months)	E. Who helped you to get/apply (Use codes)	F. Has your application for this id ever been rejected? **Yes-1, No-2**	G. Reasons for rejection?
3.1	Ration/BPL Card						1 2 ►**3.2**	
3.2	Voter ID						1 2 ►**3.3**	
3.3	Aadhar Card						1 2 ►**3.4**	
3.4	PAN Card						1 2 ►**3.5**	
3.5	Gas Connection						1 2 ►**3.6**	
3.6	Nativity, caste certificate						1 2 ►**3.7**	

Codes: E: No One-1; Family Members-2; ~~Living Partner -3~~; CO leader/member-4; SP Champion-5; Sex workers (non CO members)-6, Living Partner-7, NGO Staff-8; Govt. Officials-9; CO Staff-10; Others-99

Codes G: A. Insufficient supporting documents, B. Not eligible, C. Beyond deadline, D. Incomplete form, E. Quota over, F. Asking for facilitation fee, G. Stigma, H. Recommendation required, Z. Other (specify)

SN	Scheme: (List the top Specific schemes prioritized in the state)	A. Are you aware about this scheme**Yes -1, No-2 ►next row**	B.If Yes, have you benefitted **Yes-1, No-2►D**	C. If yes, When did you get the benefit?(No. of months before) **►F**	D. If No, Have you applied **Yes-1, No-2 ►Next row**	E. If Yes, When did you apply? (Write in No. of months before)	F. Who helped you to get/apply (Use codes)	G. Has your application for this id ever been rejected? **Yes-1, No-2**	H. Reasons for rejection?
3.7								1 2 ►**3.8**	
3.8								1 2 ►**3.9**	
3.9								1 2 ►**3.10**	
3.10								1 2 ►**3.11**	

3.11								1 2 ►**3.12**	
3.12								1 2 ►**3.13**	
3.13								1 2 ►**3.14**	
3.14								1 2 ►**3.15**	
3.15								1 2 ►**3.16**	
3.16								1 2 ►**3.17**	

Codes : F : No one – 1, Family members – 2, Living Partner – 3, CO Leader/ Member – 4, SP Champion -5, Sex workers (non-member of CO) – 6 , NGO staff – 8, Govt Officials – 9, CO Staff – 10, Others - 77

Codes H: A. Insufficient supporting documents, B. Not eligible, C. Beyond deadline, D. Incomplete form, E. Quota over, F. Asking for facilitation fee, G. Stigma, H. Recommendation required, Z. Other (specify)

3.17	How do you feel about the process?	Insulted/Dissatisfied-1	Satisfied -2	No feelings-3

Section 4: Access to services - Financial Security

4.1	Do you have a Savings Account in Bank or Post Office?	Yes	1	No	2 ► **4.3**	4.1.0	How many accounts do you have?	

Enter the details of the 2 most used bank accounts in case, the number of bank accounts are more than 2.

	In which Bank/Post Office?	Did someone from the CO help you in opening the account?	Since how many months you had this account? (Write number of months)	Do you own the following? 1.Cheque Book 2. ATM/Debit card 3. Online/Mobile banking	How many transactions have you done in the past quarter?	When was the last transaction made? MM/YY
4.1.1						
4.1.2						

4.1.4	Did you have to share your ATM PIN with your partner/someone else	Yes	1	No	2
4.1.5	Do you need permission of your partner/ someone else for withdrawing money from bank?	Yes	1	No	2

4.2	A.Have you invested in the following saving schemes Use Codes : Yes – 1, No-2 **If 2, ►next financial product/row**		B.If yes, Where did you invest. Use Codes **Bank -1** **Post Office – 2**	C.If yes, When did you invest (Number of months before)	D. Who helped you to invest? (Use codes)	E. Has your application for this ever been rejected? **Yes-1, No-2**	F. Reasons for rejection?
4.2.1	Recurring Deposit (RD)					1 2 ►**4.2.2**	
4. 2.2	Fixed Deposit (FD)					1 2 ►**4.2.3**	
4.2.3	Public Provident Fund (PPF)					1 2 ►**4.2.4**	
4.2.4	National Saving Certificate (NSC)/KisanVikasPatra (KVP)					1 2 ►**4.3**	

Codes : D : No one – 1, Family members – 2, Living Partner – 3, CO Leader/ Member – 4, Community Champion -5, Sex workers (non-member of CO) – 6 , NGO staff – 7, Govt Officials – 8, CO Staff – 9, Others – 77

Codes F: A. Insufficient supporting documents, B. Not eligible, C. Beyond deadline, D. Incomplete form, E. Quota over, F. Asking for facilitation fee, G. Stigma, H. Recommendation required, Z. Other (specify)

4.3	A. Are you doing savings in the following sources? Use Codes : Yes – 1, No-2 **If 2, ►next source/row**		B. If yes, Since when (Number of months before)	C. Who helped you to Save? (Use codes)
4.3.1	Self-help group			

4.3.2	Cooperatives			
4.3.3	Shares / Mutual fund / Company Bond			
4.3.4	Chit fund/ Bishi			
4.3.5	Friends/ relatives/ family member			
4.3.6	Money lender			
4.3.7	Bank/Post office			
4.3.8	Others (Specify_____)			

Codes : C : No one – 1, Family members – 2, Living Partner – 3, CO Leader/ Member – 4, Community Champion -5, Sex workers (non-member of CO) – 6 , NGO staff – 7, Govt Officials – 8, CO Staff – 9, Others – 77

4.4	A. Have you invested in the following products? Use Codes : Yes – 1, No-2 **If 2,►next investment/row**		B. If yes, Since when (Number of months before)	C. Who helped you to Save (Use codes)
4.4.1	Gold			
4.4.2	Land			
4.4.3	Residential Plot /House			
4.4.4	Business			
4.4.5	Any other (Specify)			

4.5	Have you invested in the following products? Use Codes Yes – 1, No-2 **If 2,►next investment/row**		If yes, Since when (Number of months before)	When did you pay the last premium? (No of months back), if not known enter 99	C. Who helped you to Save (Use codes)
4.5.1	Life insurance				
4.5.2	Health insurance				
4.5.3	Accidental Insurance				

Codes : C : No one – 1, Family members – 2, Living Partner – 3, CO Leader/ Member – 4, SP Champion -5, Sex workers (non-member of CO) – 6 , NGO staff – 7, Govt Officials – 8, CO Staff – 9, Others – 77

4.6	In the past one year have you taken any loan?	Yes	1	No	2	►**4.6.2**
4.6.1	If Yes, How many loans? Collect number of loans taken from all sources (Formal & Informal)					

Collect details for all the loans

	A. Source of loan **Use Codes**	B. What was the purpose of loan? **Use Codes**	C. Loan amount (Write the amount) Rs.	D. What is the rate of interest? Per Annum	E. Have you pledged/mortgaged anything to get the loan? Yes -1 No -2	F. If Yes, provide the details? Use codes Gold -1, Mortgaged property – 2 Other – 3	G. Duration for Repayment (Write in Months)	H. Are you Repaying the loan regularly? Yes -1 No-2
A								
B								
C								

A. Source of Loan : Bank -1, MFI, – 2, Cooperative Bank - 3, SHG – 4, Money Lender – 5, Friend & Relatives – 6,NBFC-7, Brothel owners-8, Others – 77 (Specify)

B. Purpose of Loan : Personal ill-health - 1 Husband/partner ill-health - 2 Children's ill-health - 3 Children's education - 4 To repay earlier loan - 5 To bribe - 6, To start the business – 7, To purchase the asset-8, For marriage – 8, Festival – 9, House repair -10, Others (specify) - 77

4.6.2	Have you ever defaulted on some loan?					Yes	1	No	2	►**4.6.6**
4.6.3	If yes, what was the reason for the last default? (Multiple options)	High interest rate-1	No income-2	Emergency situation-3	Other(Specify)-77					
4.6.4	What was the amount when you had last defaulted									
4.6.5	Since how long has the loan been outstanding?	<6 months-1	6 months-1 year	>1 year						

4.6.6	Were you ever denied loan from any institution or individuals?	Yes	1		No	2	►**4.6.8**
4.6.7	What are the reasons? Circle the relevant (Multiple answers possible)						

1	2	3	4	5
No Guarantee	No documents	Ws not eligible	Ill treated	Other (Specify)

4.6.8	Have you faced any financial crisis in the last six months? (You were in urgent need of money but did not get it or you did not have enough money to pay the loan/installment)	Yes	1	
		No	2	►5.1
4.6.9	If Yes, What was the crisis? Use Codes			

Codes : Inability to pay for any day to day needs or any commitments – 1, Losing money from informal sources – 2, Sudden surge in financial needs (could happen due to any sudden reduction in income due to health, closure of brothel, raid, etc.; disasters; losing a family member; loan repayments) – 3

4.70	How did you cope with the situation? (Multiple options possible)						
Resorted to sex without condom	1	Entertained more clients	2	Defaulted on loan	3	Borrowed from informal sources	4
sold assets	5	Claimed Insurance	6	Others	77	Specify	

Section 5 :Food Insufficiency

5.1	In the last one month, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food	Yes	1	If No in both 5.1 & 5.2, skip to 5.4
		No	2	
5.2	In the last one month, did you or other adults in your household ever not eat at night because there wasn't enough money for food	Yes	1	
		No	2	
5.3	How did you cope with the situation? Use codes			

Code : Resorted to sex without condom-1, Entertained more clients – 2, Defaulted on loan – 3, Borrowed from informal sources- 4, sold assets – 5, Other – 77

Sr No	Questions	Response for self	Response for children
5.4	The food that we bought just didn't last, and we didn't have money to get more.	1. Was that often 2. Sometimes 3. Never true for you in the last 6 months	NA
5.5	In the last 6 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food	1. Yes 2. No►**5.7**	1. Yes 2. No►**5.7**
5.6	How often did this happen?	1.Almost every month 2. Some months but not every month, 3. One or two months	1.Almost every month 2. Some months but not every month, 3. One or two months
5.7	In the last 6 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	1.Yes 2. No	1.Yes 2. No
5.8	In the last 6 months, were you ever hungry but didn't eat because you couldn't afford enough food?	1.Yes 2.No	1.Yes 2.No

Section 6: Reproductive Health

6.1	Do you use pads or cloths during menstrual periods?	Pads	1	Cloths	2	Not applicable	3	
6.2	Do you use any family Planning method?	Yes	1		No	2	►**6.4**	
6.3	Which method are you using currently?				Sterilization	1		
					Oral Pills	2		
					Condoms	3		
					IUD (Copper T)	4		
					Injectables	5		
					Others (Specify)	77		
6.4	Do you want to have a child and unable to conceive one?	Yes	1		No	2	►**7.0**	
6.5	Have you taken any treatment for this?	Yes	1		No	2		

Section 7: Birth History				
7.0	Have you ever become pregnant	Yes No	1 2	►7.7
7.1	At what age did you have your last pregnancy?	Age (in years)_____		
7.2	When you were pregnant last time, did you want to become pregnant then, did you want to wait until later, or did you not want to have any children at all?	Then Wanted to wait until Later Did not want	1 2 3	
7.3	How many total pregnancies have you had in your lifetime?		Number____	
7.4	How many births have you had in your lifetime?	A. Live births B. Still births	Number____ Number____	
7.5	How many abortions have you had in your lifetime?	A. Spontaneous B. Induced	Number____ Number____	If "0"►7.7
7.6	How many induced abortions have you experienced in the past 24months?		Number____	
7.7	In the last 12 months, how many times have you used emergency contraceptive pills?		Number____	
7.8	In the past 6 months, was there a time community members came together because of a problem that affected all or some of the sex worker?	Yes No	1 2	

Section 8. MENTAL HEALTH					
DEPRESSION (CES-D SCALE) Below is a list of some ways you may have felt or behaved. Please indicate how often you have felt this way during the last week. Please only provide one answer to each question					
	During the past week:	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
8.1	I was bothered by things that usually don't bother me	1	2	3	4
8.2	I had trouble keeping my mind on what I was doing	1	2	3	4
8.3	I felt depressed.	1	2	3	4
8.4	I felt that everything I did was an effort	1	2	3	4
8.5	I felt hopeful about the future.	1	2	3	4
8.6	I felt fearful	1	2	3	4
8.7	My sleep was restless	1	2	3	4
8.8	I was happy	1	2	3	4
8.9	I felt lonely	1	2	3	4
8.10	I could not do the things I should be doing	1	2	3	4

Section 9: HIV Preventions services				
9.1	Did you receive information on STI/HIV/AIDS from a peer educator or an outreach worker from the targeted intervention (TI) program in the last one year?	Yes No	1 2	►9.3
9.2	How many times in the past one month were you contacted in the field by a peer/worker from the TI program to give you information?	Number_____		

9.3	Did you receive condoms from the peer educator or outreach workers of the targeted intervention (TI) program in the last one year?	Yes No	1 2	►**9.5**
9.4	In the past one month, how often were you given condoms by a peer/worker from the TI program?	Every day More than once a week Once a week Fortnightly Once a month Don't remember	1 2 3 4 5 8	
9.5	Did you access check up and counselling services for STI from the targeted intervention (TI) program in the last one year?	Yes No	1 2	►**9.7**
9.6	How many times have you visited the TI for problems like abnormal/white vaginal discharge or genital ulcers or lower abdominal pain in the last six months OR since you first knew about it? (if LESS than six months)?	Number of times Don't know	 98	
9.7	Did you receive free medicines for STIs from the targeted intervention (TI) program in the last one year?	Yes No	1 2	
9.8	Were you referred to other services (STI clinic, ICTC etc.) by the targeted intervention (TI) program in the last one year?	Yes No	1 2	

Section 9A: Utilization of Mobile phones/internet

	Have you ever used cell phone to receive information/services related;	Yes	No	
9.9a	HIV prevention services	1	2	
9.9b	CO related outreach services	1	2	
9.9c	Soliciting clients	1	2	
9.9d	To deal with police	1	2	
9.9e	To communicate with other FSWs	1	2	
	Have you ever used internet/social networking applications to receive information/services related;			
9.10a	HIV prevention services	1	2	
9.10b	CO related outreach services	1	2	
9.10c	Soliciting clients	1	2	
9.10d	To deal with police	1	2	
9.10e	To communicate with other FSWs	1	2	

Section 10: Costing							
10.1 Entitlements/ Schemes (If >6, collect information on the last 6)	10.2 How many visits did you have to make for receiving/claiming the entitlement/ scheme the last time?	**10.3.U.** On average, how much time did you spend in receiving the entitlement/ scheme in each visit, including travel time? (UNIT) Hours Days Weeks Months (If they report in minutes, enter 1 hour)	**10.3.V.** On average, how much time did you spend in receiving the entitlement/ scheme in each visit, including travel time? (VALUE) _ _	10.4 How much money did you spend on travel for each visit you made to get the entitlement/ scheme?	10.5 How many days did you take off from work to get the entitlement/ scheme?	10.6 What was the quantum of monetary benefit of the entitlement/ scheme?	10.7 Did you have to pay either in cash or kind to anyone in the process of getting this entitlement/scheme ?
1.							
2.							
3.							
4.							
5.							
6.							

		10.8 The last time you experienced the following, how many days did you have to take off from work?	10.9 The last time you experienced the following, how many days did it take for you to get back to your normal life?	10.10 The last time you experienced the following, how much money did you spend on medical, legal, police, counselling and other services?
A.	Physical Violence (hurt, hit, slapped, pushed, kicked, punched, choked, or burnt etc.)	Number of days _____	Number of days _____	INR_____
B.	Sexual Violence (forced to have sex by anyone when you didn't want to?)	Number of days _____	Number of days _____	INR_____
C.	Abuse, called names etc. (Blackmailed, scolded in public….etc.)	Number of days _____	Number of days _____	INR_____