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Supplementary file S1:

QUESTIONNAIRE

WILLINGNESS TO GET TESTED FOR HIV/AIDS AND ASSOCIATED FACTORS AMONG FIRST YEAR STUDENTS OF UNIVERSITY OF HEALTH AND ALLIED SCIENCES, HO.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS					
<i>For this section, please tick the option that only applies to you</i>					
1	Age (years)				
2	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
3	Religion	Christianity <input type="checkbox"/>	Islam <input type="checkbox"/>		
		African Traditional religion <input type="checkbox"/>			
		Other <input type="checkbox"/>			
4	Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>		
		Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>		
5	School	SOM <input type="checkbox"/>	SONAM <input type="checkbox"/>	SOSEM <input type="checkbox"/>	
		SBBS <input type="checkbox"/>	SOP <input type="checkbox"/>	SAHS <input type="checkbox"/>	
6	Hall of residence	University owned <input type="checkbox"/>	Private <input type="checkbox"/>		
7	Educational support	Parents <input type="checkbox"/>	Guardian <input type="checkbox"/>	Philanthropist <input type="checkbox"/>	
		Extended family member			
		Father only <input type="checkbox"/>	Mother only <input type="checkbox"/>		
8	Ethnicity	Ewe <input type="checkbox"/>	Akan <input type="checkbox"/>	Ga <input type="checkbox"/>	
		Northern <input type="checkbox"/>	Guan <input type="checkbox"/>	Other <input type="checkbox"/>	
9	Marital status of parents	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>	
		Widowed <input type="checkbox"/>			
10	Place of usual residence outside campus	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>		
B: KNOWLEDGE ABOUT HIV/AIDS					
<i>For this section, please tick all options you think are appropriate</i>					
11	What causes HIV/AIDS?	Genetically acquired <input type="checkbox"/>	Virus <input type="checkbox"/>		
		Bacteria <input type="checkbox"/>	Fungi <input type="checkbox"/>		
		Don't know <input type="checkbox"/>			
12	Which age group can get infected?	Children only <input type="checkbox"/>	Adolescents only <input type="checkbox"/>		
		Elderly only <input type="checkbox"/>	Young adults only <input type="checkbox"/>		
		Adults only <input type="checkbox"/>	Everyone <input type="checkbox"/>		
		Don't know <input type="checkbox"/>			
13	How is HIV/AIDS transmitted?	Through unprotected sex <input type="checkbox"/>	Sharing of sharps <input type="checkbox"/>		
		Sexual intercourse <input type="checkbox"/>	Blood transfusion <input type="checkbox"/>		
		Mother to child <input type="checkbox"/>	Witchcraft <input type="checkbox"/>		
		Don't know <input type="checkbox"/>	Other <input type="checkbox"/>		
14	What are the symptoms of HIV/AIDS?	Consistent weight loss <input type="checkbox"/>	Opportunistic infections <input type="checkbox"/>		
		Recurring fever <input type="checkbox"/>	Profuse night sweats <input type="checkbox"/>		
		Sores in mouth, anus or genitals <input type="checkbox"/>	Don't know <input type="checkbox"/>		
15	How can one prevent oneself from getting HIV/AIDS?	Condom use during sex <input type="checkbox"/>	Avoid sharing of sharps <input type="checkbox"/>		
		Blood screening before transfusion <input type="checkbox"/>	Being faithful to one's sexual partner <input type="checkbox"/>		
		Don't know <input type="checkbox"/>	Other <input type="checkbox"/>		

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16	How is HIV/AIDS treated?	Lifelong antiretroviral therapy <input type="checkbox"/>	Blood cleansing (dialysis) <input type="checkbox"/>
		Sleeping with virgins <input type="checkbox"/>	Sacrificing to the Gods <input type="checkbox"/>
		Don't know <input type="checkbox"/>	
17	How can one's HIV status be proven?	Through revelation <input type="checkbox"/>	Clinical signs and symptoms <input type="checkbox"/>
		Through lab testing <input type="checkbox"/>	Don't know <input type="checkbox"/>
18	What is your main source of information?	TV <input type="checkbox"/>	Radio <input type="checkbox"/>
		Family <input type="checkbox"/>	School <input type="checkbox"/>
		Haven't heard about it before <input type="checkbox"/>	Friends <input type="checkbox"/>
			Workshop <input type="checkbox"/>
SECTION C-EVER TESTED FOR HIV/AIDS?			
<i>Please tick only the options applicable to you</i>			
19	Have you ever tested for HIV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20	When was the last time you got tested?	Within the last 6 months <input type="checkbox"/>	Within the last 12 months <input type="checkbox"/>
		More than a year ago <input type="checkbox"/>	Not applicable <input type="checkbox"/>
21	Where did you get tested?	Hospital <input type="checkbox"/>	Health centre <input type="checkbox"/>
		Private clinic <input type="checkbox"/>	Church <input type="checkbox"/>
			Not applicable <input type="checkbox"/>
22	Were you counselled prior to testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Not applicable <input type="checkbox"/>
23	What informed your decision to test?	Marriage <input type="checkbox"/>	Health worker request <input type="checkbox"/>
		High risk (sexually active, drug user etc) <input type="checkbox"/>	
		History of rape <input type="checkbox"/>	Other <input type="checkbox"/>
		Not applicable <input type="checkbox"/>	
24	If NO, why have you not yet tested for HIV?	Not sexually active <input type="checkbox"/>	Stigma <input type="checkbox"/>
		Lack of confidentiality on the part of health workers <input type="checkbox"/>	
		Fear of positive HIV results <input type="checkbox"/>	
		Unavailability of a definitive cure <input type="checkbox"/>	
		I just don't want to know <input type="checkbox"/>	
		Not applicable <input type="checkbox"/>	
25	Are you willing to get tested NOW?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26	If YES, why?	I am at risk <input type="checkbox"/>	History of rape <input type="checkbox"/>
		I will be getting married soon <input type="checkbox"/>	
		I am curious <input type="checkbox"/>	Don't know why <input type="checkbox"/>
27	If NO, why?	There is no cure and so it makes no difference <input type="checkbox"/>	
		I can never get infected <input type="checkbox"/>	
		I don't care <input type="checkbox"/>	Don't know why <input type="checkbox"/>
28	Will you be willing to get tested should a healthcare provider ask you to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SECTION D: OTHER FACTORS THAT MAY INFLUENCE WILLINGNESS TO GET TESTED			
<i>Please tick only the options that apply to you</i>			
29	Have you ever had sexual intercourse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30	Age of first sexual encounter (years)	Not applicable <input type="checkbox"/>
31	Did you use a condom on your first encounter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Not applicable <input type="checkbox"/>
32	If NO, why?	I didn't know where to buy it <input type="checkbox"/>	
		I couldn't afford it <input type="checkbox"/>	

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32	If NO, why?	I thought my partner would bring one along	<input type="checkbox"/>				
		I was shy of going to buy one	<input type="checkbox"/>				
		I was a novice and knew nothing about condoms and sex		<input type="checkbox"/>			
		Having sex on that day was unplanned	<input type="checkbox"/>				
		I just didn't think it was necessary	<input type="checkbox"/>				
	Not applicable	<input type="checkbox"/>					
33	Do you use condoms now?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
34	Do you know an HIV/AIDS person personally?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Thank you!