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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.**

<b>SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS</b>						
<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"/>	
		SBBS	<input type="checkbox"/>	SOP	<input type="checkbox"/>	
				SOSEM	<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"/>	
		Extended family member		Philanthropist	<input type="checkbox"/>	
		Father only	<input type="checkbox"/>	Mother only	<input type="checkbox"/>	
8	Ethnicity	Ewe	<input type="checkbox"/>	Akan	<input type="checkbox"/>	
		Northern	<input type="checkbox"/>	Ga	<input type="checkbox"/>	
				Other	<input type="checkbox"/>	
9	Marital status of parents	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	
		Widowed	<input type="checkbox"/>	Single	<input type="checkbox"/>	
10	Place of usual residence outside campus	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	
<b>B: KNOWLEDGE ABOUT HIV/AIDS</b>						
<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"/>
<b>SECTION C-EVER TESTED FOR HIV/AIDS?</b>					
<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"/>	School	<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"/>	Other	<input type="checkbox"/>
		History of rape	<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"/>		<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"/>		<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"/>
<b>SECTION D: OTHER FACTORS THAT MAY INFLUENCE WILLINGNESS TO GET TESTED</b>					
<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)	.....	<input type="checkbox"/>	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!