

**ASSESSMENT OF CONDOM USE FOR PREVENTION OF
HIV/AIDS AMONG JIMMA UNIVERSITY MAIN CAMPUS
STUDENTS, JIMMA TOWN SOUTH WEST ETHIOPIA.**

BY:

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**A RESEARCH PROPOSAL SUBMITTED TO JIMMA UNIVERSITY,
COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCE,
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FULFILLMENT OF THE REQUIREMENT FOR THE BACHELOR
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SUMMARY

Background: - The Burden of HIV/AIDS epidemics still a global problems. HIV was first notified in Ethiopia in 1986 in a hospital set up following detailed diagnostic procedures in which the serum of the patients was taken in 1984. Correct and consistent use of condom reduces the risks of HIV transmission by almost 100%.

Objectives: - to assess condom utilization to reduce the risk of HIV infection.

Methods: - A cross-sectional study will be conducted from April 2-18, 2013 on 305 subjects to assess condom use among Jimma University main campus students in Jimma University, South West Ethiopia. Random sampling technique will be used to select the sampled subjects.

The necessary data will be collected by using properly structured opened and closed-ended questionnaires.

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ACRONMY

AIDS – Acquired Immune Deficiency Syndrome

HIV – Human Immune Virus

STD – Sexually Transmitted Disease

WHO – World Health Organization

MOH – Ministry of Health

STIs – Sexually Transmitted Infections

HBM – Health Belief Model

VCT – Voluntary Counseling and Test

EDHS – Ethiopian Demographic Health Survey

CHAPTER ONE: INTRODUCTION

1.1. BACKGROUND

The burden of HIV/AIDS epidemics still a global problems. About 33 million of people were living with HIV in 2008, with adult composition of 31.1 million people's lives with HIV. 2.7 million New infections and costs 2 million people's lives among which 1.7 million were adults (1).

Above all HIV/AIDS is one of the greatest public health of sub-Saharan African countries which affecting 22.4 million to 28 million peoples and death of 1.4 million (2).

HIV was first notified in Ethiopia in 1986 in a hospital set up following detailed diagnostic procedures in which the serum of the patients was taken in 1984 (3) Since then the problem wide spread in the country and put the country as among largely affected sub Saharan African countries. The total numbers of peoples living with HIV in Ethiopia were 1,345,970 in 2009 with single point of estimate of HIV prevalence 7.7% in urban and 0.9% in rural (4).

The numbers of peoples living with HIV are increasing more along with the improvement of medical HIV care and others despite of long intervention are provided to avert the progression and spread of diseases. (5).

Strategies for primary prevention of HIV infection and other STDs are similar. Behaviors that increase sexually transmitted diseases risks also increase the risk of sexually transmission of HIV. Peoples who have many sexual partners have an increased risk of acquiring the virus from one of the partners. As rate of HIV infection in general population rise the same patterns of sexual risk results in more new infection simply because the chance of encountering an infected partner become higher.

The safest form of prevention of sexually transmitted HIV is abstinence. However; in most instances, such practices are either realistic or desirable. The next most effective preventive sexual transmission of HIV peoples are encourage to adopt safer sexual behavior which includes having fewer partners and condom use. Correct and consistent use of condom reduces the risks of HIV transmission by almost 100%. So, condom promotion has received considerable attention in the fight against HIV/AIDS pandemic (6).

Adolescents attitudes toward condoms, perceived effectiveness of condom for family planning and STI prevention and the perceived advantage or disadvantage of condom use are important determinants of condom use adolescent who have positive attitude toward condom use are more likely to use them, while those who have negative attitude or perception are less likely to use. Risk perception is another factors affecting condom use increased awareness of the severity of the AIDS epidemics leads to condom use. Adolescent who consider themselves at high risk for HIV infection are also more likely to adopt protective behavior. However condom use is also dependent on the community context and condom availability (7).

1.2. STATEMENTS OF THE PROBLEM

AIDS is one of the major health problems devastating peoples in the world. It spreads would wide ignoring national boundaries and affects the individuals. One of the most important consequence of STI in risk of HIV infection. In fact it has been established that the presence of STI whether ulcerative or not, increased by two to five times. The most common route of transmission of HIV is heterosexual mode in adults. However, the intervention given was not linked in behavioral changes which is the route of prevention and control of diseases (8).

Lack of knowledge of partner's sere-status and low level of disclosure of one's own HIV status, coupled with in consistent use sets the stage for HIV infection (9).

The 2011 EDHS included a series of questions that addressed respondent's knowledge about HIV/AIDS. These awareness of mode of HIV transmission and behaviors that can prevent the spread of HIV. In Ethiopia universal HIV/AIDS awareness where 97% of women and 99% of men have heard of HIV. 56% of women and 82% of men age 15-49 years know that consistent use of condoms is means of preventing the spread of HIV (10).

As study done in South Africa displays that 54.4% of those sexually active in the 6 months preceding study had not use condom during the most recent intercourse. Additionally as study done in United Kingdom in Wales also shows from 76% of the study participants who were sexually active 42% of them had causal partners and 16.5% of the sexually active HIV patients reported unprotected high risk sex with HIV negative or unknown status (11, 12).

As study done in KwaZulu-Natal, South Africa States shows that 30% of those sexually active HIV patients were practicing unprotected sex and 39.2% of

those sexually active HIV patients made sex events with partners perceived to be negative of HIV or HIV status unknown (13).

As study done in rural Uganda shows that 82% of condom use was observed and also study at Aliwal North Hospital of Uganda shows that there was 70% of condom use among the patients (14).

Any one engaging in sex with multiple partners is at risk of contracting HIV. Several studies have found that the practice of multiple partner's sex is wide spread. One of the study of urban population found that 22% of adult's males and 8% of women engaged in sex with multiple partners. Another study conducted in senior high school in Addis Ababa found that 53% of male's students and 24% of female's students were sexually active. Since they generally have more than one partner, young people have a high risk of becoming infected with HIV (15).

Even though the factors so far identified for not using condom by adolescents in Ethiopia, there are several perception identified elsewhere by researchers are important determinants of condom use among adolescents and young adults. This includes perceived susceptibility to AIDS, perceived benefits, perceived barriers of condom use, perceived efficacy to use condom and perceived social support from condom use (16).

As other study done on Jimma University students, 247 respondents had sexual partner in the last twelve months: who have only one partner 70.3% males and 80.8% females, who have two partners 16.2% males and 10.0% females, who have three or more 13.5% males and 10.0% females.

Additionally 267 of respondents ever had sexual intercourse. The mean age of at first sexual intercourse was 17.4 years. Among those who ever had sexual intercourse 60.0% males and 42.9% females have ever used condom. Among 94 students responded to the frequency of condom use, 69.1% have used condom always, 13.8% used condom sometimes and 17.0% used

condom rarely. Males were more likely to use condom consistently as compared to females 73.5% and 46.4% respectively. (17).

In order to identify the perception of adolescents and young people on sexually transmitted diseases and HIV/AIDS and determinants of condom use, the health belief model (HBM) is chosen as the conceptual frame work for this particular study. Because of this model predicts behaviors one basis of the value of outcome to an individual and the basis of an expectation that a particular action will result in particular outcome.

Specially HIV/AIDS avoidance behaviors are hypothesized to influence by one's perception of certain factors; threat HIV/AIDS, the benefit of altering behaviors. In current study we focus on specific behaviors that can reduce HIV, condom use consistently (18).

Condom should be used consistently among university students, who often engage sex with causal partners, but previous researches show low utilization, so reason behind it and association with some variables should be in addressed by further investigation.

1.3. SIGNIFICANCE OF STUDY

The identification of determinants for condom use is the basic one in creating and developing effective HIV preventive educational strategies. But measuring the level of awareness of AIDS, condom use, behavioral and psychological factors have not been no sufficient studies which aimed to look or examine the relationship existed between those factors.

Therefore, this study is highly significant by addressing psychological and behavioral factors that influence condom use among Jimma University main campus students.

CHAPTER TWO

2. LITERATURE REVIEW

HIV infected people are prone to stigmatization and exclusion which let the others not to take the advantage of VCT as a result of this peoples simply engage in unsafe sex. According to different study on HIV/AIDS and sexual behavior in sub-Saharan African country are sexually active, especially young peoples and tend to initiate sex at a fairly early age ranging from 14 to 16 years for males and 15 to 16 years or females. They have multiple sexual partners, relationship do not long and they take rarely protective measure, study show that, although awareness of AIDS and risk reduction measures like condom use is high this knowledge is not transformed in to positive attitudes and behaviors like condom use consistently (19,20).

According to different studies in Ethiopia also the majority of the high risk groups for HIV infection are adolescents who have recently become sexually active, specially 15 to 20 ages. This are difficult age groups to influence because of peer pressure as well as the sense of individual that accompanies them.

As study done on sexual behavior and STD among adolescents 126 young men in Zambia, Chiawa had shown that 43% had premarital or extra marital sexual partner at the time of interviews and 23% reported having suffered from STD in the past. A vast majority 96.8% said they felt that condom protected against STD including HIV 48% reported having used a condom, 42% said they used them sometimes and only 6% used them always (21).

As study done in South Africa on factors affecting condom use among university students had shown that of hundreds samples (40 females and 60 males) almost 29.2% of the sample reported never used condom, 35.4% uses always, 19.8% regularly used and about 8.5% used irregularly in the past. Another study done in this country, among 265 students on knowledge and attitudes relating condom, no data on gender were available for 72% of

students. From the above data 47% had one partner, 21% had two partners, 5% had three partners, 11% had four partners and 16% have five or more partners. 11% of the males and 23% of females were unaware of any contraception method. 78% of the respondents knew that condom prevents the spread of diseases and 82% agreed that they prevent the spread of HIV/AIDS (22).

As study done in Harar town shows on sexual behavior and levels of awareness on reproductive health among youths; out of 900 students whose their age was 14 to 29 years, majority of the students 159(17.7%) males and 700(66.7%) females have remarkable knowledge about family planning methods. Among the reason cited by the students for low use of condom are: lack of knowledge, unavailability of condom use, think of condom use reduces sexual excitement and partner disagreement on usage of condoms (24).

In another study in this area on the survey of knowledge, attitude and practices relating to HIV/AIDS among 9115 males and 49 females; 49.5% of boys and 18.3% of the girls had experienced sexual intercourse. 75.8% of sexually active students. However, did not use condoms and 47% of them had sexual intercourse with casual partner or prostitute (19.6% of sexually experienced had sex with prostitute and 27.3% had done so with casual partners. 88.4% accepted AIDS as a deadly diseases and 10.6% knew the acceptable preventive measures and 3.1% did not know or did not agree that condom can prevent the sexual transmission of HIV/AIDS (25).

As study done in Awassa town, a total of 375 respondents, 190(50.7%) were males and the rest 185(49.3%) were females. From this more than 90% of the respondents knew about HIV/AIDS. 49% of the respondents were sexually active but only 27.6% of the respondents were use condom during their recent coitus. Reasons for not using condom during sex were lack of

adequate knowledge, fear that condom will reduce sexual pleasure and excitement, being careless often times and pressure from sex partners (26).

Additionally as study done in Jimma University; the reason for having sex without condom use was trusting one's partner 30.3%, condom is not comfortable 21.1%, do not like condom 15.5%, reduces sexual pleasure 12.0%, not accessible 64.1% and embarrassed to buy 12.0%. another study on reason to start sexual inter course; sexual desire 46.9% males and 21.9% females, friend's pressure 25.1% males and 37.5% females, peer pressure 12.1% males and 9.4% females, curiosity 5.1% males and 3.1% females, age of first sex made from 264 respondents; younger 6.7% males and 5.6% females, 5-10 years old 7.9% males and 27.8% females, greater 10 years 15.8% males and 22.2% females, not remember 8.8% males and 13.6% females (27).

Prevention programmers on AIDS spend much times on increasing awareness about mode of transmission of HIV and information on how to avoid infection. But there is a general agreement today that only prevention of HIV transmission is through changing sexual behaviors. A study mentioned on the above, even if adolescents and young people had high knowledge about HIV/AIDS, was not strong enough to bring about significant change in their behavior. Their behavioral adjustment towards safe sex practice was found to be limited as demonstrated by the information on condom use, numbers of sexual partners and behavioral responses.

Research on assessment of determinants of condom use based on different models to identify the real pressure, which is believed to lead adolescents and young adults to use condom consistently are lacking in our context. This study will try to examine those factors for developing effective HIV preventive intervention.

CHAPTER THREE: OBJECTIVES

3.1. General Objectives

To assess condom use for prevention of HIV/AIDS
Among Jimma University main campus Students.

3.2. Specific Objectives

- To assess level of condom utilization among Jimma university main campus students.
- To assess the knowledge about HIV/AIDS among Jimma university main campus students.
- To assess the attitude towards condom use among Jimma main campus university students.
- To identify the reason for failure of condom use among Jimma university main campus students.
- To identify factors affecting the utilization of condom among Jimma university main campus students

CHAPTER FOUR: METHODOLOGY

4.1. Study Area and Period

The study will be conducted in Jimma University main campus, Jimma town, located at 350 km south west of Addis Ababa, Ethiopia. According to statics office, in 2006E.C, The University have total of 19,433 regular under graduate students, In its 6 Collages and 51 departments, From this15, 163 are males 4270 females. From this 7,910 are in the main campus. The study will be conducted from April 12-22, 2014

4.2. Study Design

A cross-sectional study will be conducted to assess condom use for prevention of HIV/AIDS among Jimma university main campus students.

4.3. Population

4.3.1. Source Population

All regular students in Jimma University main campus, 7910.

4.3.2. Study Population

All selected students in Jimma University main campus, 305

4.4. Sample Size and Sampling Technique

4.4.1. Sample Size

The sample size determined by the formula of sample size estimation:

$$n_0 = \frac{\left(z_{\frac{\alpha}{2}}\right)^2 p(1-p)}{d^2}$$

Where n_0 - minimum sample size =288

N-total population number =7910

p - Estimate of prevalence rate for the population =0.25(28)

d - The margin of sampling error tolerated =0.05

$z_{\frac{\alpha}{2}}$ - The standard normal value at $\frac{2}{\alpha}$ confidence interval =1.96

$$n_c = \frac{n_0}{1 + n_0/N}$$

n_c = corrected sample size=278

Add 10% for non-respondents, the total sample size is 305 students.

4.4.2. Sampling Technique

Stratified random sampling technique. The students were stratified in to different strata depending on their batches.

The study samples were selected by using stratified random sampling technique:

$$n_i = \frac{N_i \times n}{N}, i=1, 2, \dots, k$$

N - Total population

N_i - population size in each stratum

n_i – sample to be drawn from each stratum

n – Total sample size to be drawn from total population

According to above formula numbers of sample selected were;

Year one students - 1870, $n_1=72$

Year two students - 2004, $n_2=77$

Year three students - 2562, $n_3=99$

Year four students - 858, $n_4=34$

Year five and above- 616, $n_5=23$

Total-7910, $n_{\text{total}}=305$.

4.5. Data Collection Process and Instrument

Structured questionnaires will be used to collect data about demographic data of students and their perception of condom use to reduce the risk of HIV/AIDS infection.

4.6. Data Collection Technique

Data will be collected by self-administered questionnaires

Training to data collectors and method of data collection will be given

The principal investigator will check on each questionnaires daily for any missed or in appropriate filled.

4.7. Data Analysis

The collected data will be compiled, summarized and processed by using tables and graphs. It will be calculated by using scientific calculator

4.8. Variables

4.8.1. Dependent Variables

Condom use

4.8.2. Independent Variables

- Age
- Sex
- Marital status
- Knowledge on AIDS
- Attitude towards condom use
- Benefit from condom use
- Barriers to condom use
- Social support to condom use
- Self-efficacy to condom use

4.9. Dissemination and Utilization of the Result

The result can be disseminated to the relevant body through, publication

In library and mass media.

4.10. Ethical Consideration

The permission letter will be taken from the department. The objectives and purpose of the study will be explained to the students.

Confidentiality and consent of the study participant will be maintained

4.11. Pre-test (quality control measures)

After orienting data collectors, questionnaire will be pre-tested using 5% of the study population to check clarity of data.

4.12. Operational Definitions

HIV/AIDS knowledge: - self rating closed ended questionnaire will be developed calling 'yes' or 'No' responses. The overall AIDS knowledge score will be computed. The correct response 75% and above knowledge question, 50.74% fairly knowledge and less than 50% not knowledgeable.

Perceived susceptibility to AIDS: - two or three question will be using calling 'yes' or 'No' response regarding perceived susceptibility. The question will be reflect fear and worry of contracting AIDS. The higher response mean to be higher perceived susceptibility.

Perceived benefit: - a two point likely typed and scaled ranging from strongly agree to strongly disagree will be developed for each positive question regarding perceived benefits to use condom. Strongly agree will be taken as highest score.

Perceived barrier: - still two point likely type social ranging from strongly agree to strongly disagree will be constructed. The measurement depicts exactly the same as perceived benefit from condom use.

Self-efficacy: - the belief in the ability to implement the necessary behavior. Peer pressure and social influence. How their family, friends and other people in the community view sexual relationship.

Perceived social support and condom use: - a self-response closed ended questionnaire which calling a response ranging from strongly agree to strongly disagree. The measurement is exactly similar to perceived benefit from condom use.

4.13. Limitation of the Study

- There might be social and cultural influence since the questionnaires are contains some aspects of human sexuality. Recall bias
- Because of the information will be gathered by questionnaire; there might be Some subjective bias in answering the questions

CHAPTER FIVE: 5 WORK AND BUDGET PLAN

5.1. WORK PLAN

Activity	Responsible body	JAN.	FEB.	MAR	APRIL	MAY	JUNE
Topic section	PI and AD	✓					
Development of research proposal	PI		✓				
First draft submission	PI		✓				
Second draft submission	PI			✓			
Final proposal submission	PI			✓			
Data	PI				✓		

collection							
Data entry, analysis and interpretation	PI				✓		
Report writing	PI					✓	
First draft paper submission	PI					✓	
Final paper submission	PI						✓
Monitoring	PI and AD	✓	✓	✓	✓	✓	✓

PI=Principal investigator

AD=Advisor

5.2. BUDGET PLAN

5.2.1. Personal Cost

Title	Cost(Birr)	Quantity	Total(Birr)
Data collector	3	305	915

secretary	200	2	400
Transportation	-	-	-
Total	203	307	1315

5.2.2. Stationary Cost

Items	Quantity	Unit	Total cost(Birr)
CD-RW	1	25	25
Pencils	2	1	2
Pens	2	3.50	7.0
Pencil sharpener	2	2	4
Binding	2	5	10
Total	9	36.50	49

Chapter sex

6.1. DUMMY TABLES

Table-1 Socio demographic distribution of respondents, Jimma University main campus March, 2014

Socio demographic characteristics		No	%
Age	15 - 19		
	20 - 24		
	25 - 29		
	30 - 34		
	>35		
Sex	Male		
	Female		
Religion	Orthodox		
	Muslim		
	Protestant		
	Catholic		
	Others		
Marital status	Married		
	Unmarried		
Ethnicity	Oromo		
	Amara		
	Tigre		
	Garage		
	Somali		
	Others		

Table 2: Distribution of age history of first sexual contact among
Respondents, Jimma University, South
West Ethiopia, March, 2014

Age	No	%
<14		
15-19		
20-24		
25-29		
30-34		
>35		
Not remember		
Total		

Table 3: Distribution of frequency of condom use, reason not use condom
and

Number of sexual partner in the past twelve months among
respondents

, Jimma University, South Wes Ethiopia, March 2014

Condom use		No	%
frequency of condom use	Always		
	Most of times		

	Sometimes		
Reason not use condom	Lack of adequate knowledge		
	Reduces sexual pleasure		
	Partner trust		
	Un availability of condom		
Number of sex partner in the past twelve months	Only one		
	≥ 2		

Table 4: The distribution of assessment of knowledge about HIV/AIDS among Respondents Jimma University, South West Ethiopia, March, 2014

knowledge Items	Yes		No	
	No	%	No	%
knowledge about of transmission of HIV/AIDS Through blood contact and transfusion				

• Through unprotected sexual intercourse				
• From operation with uncleansed instruments				
• Through coughing				
• By wearing clothes with AIDS patients				
• Through shaking hands with AIDS patients				
• Through bite from mosquitoes				
AIDS could be cured if diagnosed early				
The chance of being infected by AIDS can be reduced by having sex with one partner				
Once infected with AIDS, a person can transmit to other person through their life				
AIDS prevented by using condom				

Table 5: Association between sex, year and condom use among respondents, Jimma University, South Wes Ethiopia, March, 2014.

	Condom use
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Variables					
		Yes	No	Total	
Sex	male				
	Female				
	Total				
Academic status	Year I				
	Year II				
	Year III				
	Year IV				
	Year V and above				
	Total				

Table 6: Association between the knowledge about HIV/AIDS and condom use
Among respondents, Jimma University, South West Ethiopia, March, 2014.

Means of HIV transmission	Yes (%)	No (%)	
Through blood contact and transfusion			

• Trough unprotected sexual intercourse			
• From operation with unleaded instruments			
• Trough coughing			
• By wearing clothes with AIDS patients			
• Through shaking hands with AIDS patents			
• Through bite from mosquitoes			
• AIDS could be cured if diagnosed early			
• The chance of being infected by AIDS can be reduced by having sex with one partner			
• Once infected with AIDS a person can transmit to other person through their life			
• AIDS prevented by using condom			

ANNEX; 1

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Annex 2:

QUESTIONNAIRES JIMMA UNIVERSITY

COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCE

DEPARTMENT OF PUBLIC HEALTH (HO)

Questionnaires for research work on assessment of condom use for prevention of HIV/AIDS among Jimma University main campus.

Instruction: There is no need to write your name and ID number on the survey

Read carefully and answer the questions according to direction
Provide.

General Information

Part I 1. Age _____

2. Gender Male ☐ Female ☐

3. Religion Orthodox ☐ Muslim ☐ Protestant ☐

Catholic ☐ Other, specify _____

4. Marital Status single ☐
married ☐

5. Ethnicity Oromo ☐ Amara ☐ Tigre ☐

Garage ☐ Somali ☐

Other, Specify _____

Part II Sexual activities and condom use

1. Have you ever made sex?

Yes ☐ No ☐

2. If 'yes' for question # one, the age of first sexual contact? _____

3. If 'yes' for question # one, reason for first intercourse?

Love

Peer pressure ☐

Physical attraction ☐

Promise of marriage ☐

Financial (money) reason ☐

Fear ☐

Others, specify _____

4. Have you ever used condoms? Yes ☐ No ☐

5. If 'yes' for question #4, how frequent used?

Always ☐

Most of the times ☐

Sometimes ☐

6. If 'No' for question #4, what reason do you have?

Lack of adequate knowledge ☐

It reduces sexual pleasure ☐

Partner trust ☐

Unavailability of condom ☐

I haven't think ever abut it ☐

Others, specify _____

7. Number of sex partner in the past twelve months

Only one ☐

2 - 3 ☐

4 - 5 ☐

> 6 ☐

Part III Question to assess the knowledge about AIDS. Put (√) mark in provided space

	Yes	No
1. Do you know HIV/AIDS?		
2. If yes for question # 1, people who get: • Through blood contact and transfusion? • Through unprotected sexual intercourse? • From operation with cleaned instrument? • Through coughing? • By wearing clothes with AIDS patients? • Through shaking hands with AIDS patients? • Through bite from mosquitoes?		
3. AIDS could be cured if diagnosed early?		
4. The chance of being infected by AIDS can be reduced by having sex with only one partner?		
5. Once infected with AIDS virus a person can transmit to the other person through his life		
6. Is AIDS prevented by using condom?		

Part IV Question to assess perceived susceptibility to HIV/AIDS

1. Do you afraid that you might contact AIDS by sexual contact?
Yes ☐ No ☐

2. Do you believe that you can be exposed to HIV infection if your sex partner is heterosexual?
 Yes ☐ No ☐
3. Do you believe that you can get AIDS even if you are only having sex with one partner?
 Yes ☐ No ☐

Part V On below provided space put (√) mark

	Strongly agree	Agree on	Disagree	Strongly disagree
1. To assess perceived severity of AIDS • AIDS causes death				
• I would rather have any other terminal illness than AIDS				
2. To assess perceived benefits from condom use • I believed that AIDS can be significantly reduced by using condom				
• I feel that chance of contracting AIDS reduced by having one sexual partner				
3. To assess perceived barriers to condom use • I feel of embarrassment to by condom use				
• I do not enjoy when using condom				

4. To assess perceived social support • My partner is likely to think that we use condom to prevent HIV/AIDS				
• My partners are likely to communicate with me about importance of condom use				
5. Assess to self-efficacy to use condom • I feel confident to purchase condom				
• I feel confident to carry condom				

DATE: _____

Name of Interviewer: _____

Signature: _____