


HPTN 091 Questionnaire

1%

Collection: LOGIN
Contains: CASIID, VISIT


HPTN 091 Questionnaire

Question: CASIID
Required

 Please enter the 6-digit CASI ID assigned to this participant (for example: EXT001):

Question: VISIT
Required

Scale Summary		
Code	Label	Show-If
ENROLL	Enrollment	
W13	Week 13	
W26	Week 26	
W39	Week 39	
W52	Week 52	
W65	Week 65	
W78	Week 78	

 What visit is this?

Please select the visit from the drop down menu.

Collection: SITE_STAFF_QUESTIONS
Contains: LANGUAGE, PTID

Question: LANGUAGE
Required

Scale Summary		
Code	Label	Show-If
1033	English	
1046	Portuguese	(Error!)
3082	Spanish	(Error!) or (Error!) or (Error!) or (Error!)

 Language:



- English
- Portuguese
- Spanish

Question: PTID
Required



▶ Please enter the participant's 9-digit PTID with no hyphens or spaces (for example: 999000111):

Page Break

Collection: INTRODUCTION
Contains:

Thank you for joining this study. The following survey will ask you questions about your life, your beliefs, and your behavior.

Some of the questions ask about behavior that you may consider to be private or confidential. We are asking these questions because your answers could help us to understand whether the study product could help to slow the spread of HIV in your community. The information you provide is an important contribution to this study and will be kept confidential.

You can skip any question that makes you feel uncomfortable or stop taking the survey at any time.

Some questions will ask you about your behavior during a specific time period (for example, "in the past month"). Please pay close attention to the time period and only tell us about your behavior during that specific time.

Please do not use the browser back button to move through this survey as it may cause your answers to be lost. Only use the survey "Previous" and "Next" buttons at the bottom of each page to move through the survey.

If you have questions or need assistance, please let a member of the study staff know.

Page Break

Collection: PRACTICE_QUESTION
Contains: PRACTICE, PRACTICE1, PRACTICE2, PRACTICE3
Show if: (VISIT = ENROLL:[Enrollment])

Question: PRACTICE
Required
Show if: (VISIT = ENROLL:[Enrollment])

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	



▶ Before we begin, would you like to answer some practice questions to make sure you understand how to complete the survey?

- Yes
 No

Auto Page Break

If you have any questions about how to complete these items, please ask a member of the study staff.

Question: PRACTICE1

Required

Show if: (PRACTICE = 1:[Yes])



▶ How old are you?

Question: PRACTICE2

Required

Show if: (PRACTICE = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	None	
2	1 to 3	
3	4 or more	



▶ How many brothers and sisters do you have?

- None
- 1 to 3
- 4 or more

Question: PRACTICE3

Minimum checks: 1

Show if: (PRACTICE = 1:[Yes])



▶ Do you have any favorite colors? *Mark all that apply.*

- No, I do not have any favorite colors.
- Red
- Yellow
- Blue
- Green
- Orange
- Purple
- Black
- White
- Other

We will now start asking you the actual survey questions. Please press the 'Next' button to begin.

Page Break

Collection: PREP_ENGAGEMENT

Contains: PREP_1, PREP_2, PREP_3_1, PREP_3_2, PREP_3A_1, PREP_3A_2, PREP_5, PREP_6, PREP7, PREP8, PREP9, PREP_10_1, PREP_10_2, PREP_11_1, PREP_11_2, PREP12, PREP13_1, PREP13_2

Now you will be asked some questions about pre-exposure prophylaxis (PrEP). PrEP is when people without HIV take anti-HIV medications every day, so they do not get HIV.

Question: PREP_1

Required

Show if: (VISIT = ENROLL:[Enrollment])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Before this study, had you ever heard of PrEP?

- No
 Yes

Question: PREP_2

Required

Show if: ((VISIT = ENROLL:[Enrollment]) and (PREP_1 = 1:[Yes])) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Do you know where to get PrEP, outside of this study?

- No
 Yes

Question: PREP_3_1

Required

Show if: (VISIT = ENROLL:[Enrollment]) and (PREP_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Have you ever taken PrEP?

- No
 Yes

Question: PREP_3_2

Required

Show if: (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ In the past 3 months, have you taken PrEP

- No
 Yes

Question: PREP_3A_1

Minimum checks: 1

Show if: (VISIT = ENROLL:[Enrollment]) and (PREP_1 = 1:[Yes]) and (PREP_3_1 = 1:[Yes])



▶ What experiences have you had while taking PrEP?

Select all that apply

- You have more pleasurable sex
- People think you're a responsible person
- You feel in control of your health
- You feel like your risk for HIV has gone down
- Your sex partner(s) don't want to use condoms because you're on PrEP
- People think you have HIV
- Side effects
- Interaction with hormones
- Trouble taking a pill every day
- People think you have a lot of different sex partners
- Other experiences, please specify:

Question: PREP_3A_2

Minimum checks: 1

Show if: ((VISIT = W13:[Week 13]) and (PREP_3_2 = 1:[Yes])) or ((VISIT = W26:[Week 26]) and (PREP_3_2 = 1:[Yes])) or ((VISIT = W39:[Week 39]) and (PREP_3_2 = 1:[Yes])) or ((VISIT = W52:[Week 52]) and (PREP_3_2 = 1:[Yes])) or ((VISIT = W65:[Week 65]) and (PREP_3_2 = 1:[Yes])) or ((VISIT = W78:[Week 78]) and (PREP_3_2 = 1:[Yes]))



▶ What experiences have you had while taking PrEP?

Select all that apply

- You have more pleasurable sex
- People think you're a responsible person
- You feel in control of your health
- You feel like your risk for HIV has gone down
- Your sex partner(s) don't want to use condoms because you're on PrEP
- People think you have HIV
- Side effects
- Interaction with hormones
- Trouble taking a pill every day
- People think you have a lot of different sex partners
- Other experiences, please specify:

Custom Layout Question: PREP_4



▶ When was the first time you took PrEP?

Year Month

Auto Page Break

Question: PREP_5**Required****Show if:** (PREP_3_1 = 1:[Yes]) or (PREP_3_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	Never	
1	Less than half of the time	
2	More than half of the time	
3	Always	



▶ In the past 3 months how often did you take PrEP?

- Never
- Less than half of the time
- More than half of the time
- Always

Auto Page Break

Question: PREP_6

Required

Show if: (((PREP_3_1 = 1:[Yes]) and (PREP_5 = 1:[Less than half of the time])) or (PREP_5 = 2:[More than half of the time]) or (PREP_5 = 3:[Always])) or (((PREP_3_2 = 1:[Yes]) and (PREP_5 = 1:[Less than half of the time])) or (PREP_5 = 2:[More than half of the time]) or (PREP_5 = 3:[Always]))

Scale Summary		
Code	Label	Show-If
0	0%	
10	10 %	
20	20 %	
30	30 %	
40	40 %	
50	50 %	
60	60 %	
70	70 %	
80	80 %	
90	90 %	
100	100%	



Please click on the line below at the point showing your best guess about how much of PrEP medication you took every day over the past month. 0% means that you have taken no pills, 50% means you have taken half of your pills, and 100% means you have taken every single pill.

0%	10 %	20 %	30 %	40 %	50 %	60 %	70 %	80 %	90 %	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: PREP7

Required

Show if: (PREP_5 = 1:[Less than half of the time]) or (PREP_5 = 2:[More than half of the time]) or (PREP_5 = 3:[Always])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



Are you currently on PrEP?

- No
- Yes

Auto Page Break

Question: PREP8**Required****Show if:** (PREP7 = 1:[Yes])▶ In the **past 7 days** how many days did you take PrEP?**Question:** PREP9**Minimum checks:** 1**Show if:** (PREP_3_1 = 0:[No]) or (PREP_3_2 = 0:[No])

▶ What are the reasons you have not taken PrEP? Select all that apply

- Heard bad things about PrEP
- Concerns about side effects of PrEP
- Concerns people think you have HIV
- Concerns about interaction with your hormones
- Don't want to take a pill everyday
- People would think you have a lot of different sex partners
- Concerns that your sex partner(s) would not want to use condoms if you're on PrEP
- You are not at risk for HIV
- You cannot afford it
- Prefer to rely on condoms only
- Other reason, please specify

Question: PREP_10_1**Required****Show if:** ((VISIT = ENROLL:[Enrollment]) and (PREP_3_1 = 1:[Yes])) or ((VISIT = ENROLL:[Enrollment]) and (PREP7 = 0:[No]))

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Have you stopped taking PrEP with no plan to start again?

- No
- Yes

Question: PREP_10_2**Required****Show if:** (PREP_3_2 = 1:[Yes]) or (PREP7 = 0:[No])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ In the past 3 months, have you stopped taking PrEP with no plan to start again?

- No
- Yes

Question: PREP_11_1**Required****Show if:** (VISIT = ENROLL:[Enrollment]) and (PREP_3_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

Code	Label	Show-If
0	No	
1	Yes	



▶ Have you ever stopped taking PrEP, then restarted later? (PrEP holiday)

- No
 Yes

Question: PREP_11_2

Required

Show if: (PREP_3_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	




▶ In the past 3 months, have you stopped taking PrEP, then restarted later? (PrEP holiday)

- No
 Yes

Auto Page Break


Question: PREP12
Minimum checks: 1
Show if: ((PREP_3_1 = 1:[Yes]) or (PREP_10_1 = 1:[Yes]) or (PREP_11_1 = 1:[Yes]) or (PREP_11_2 = 1:[Yes]) or (PREP_10_2 = 1:[Yes])) or ((PREP_3_2 = 1:[Yes]) and (PREP_5 = 0:[Never]))

 What are reasons you stopped taking PrEP?
Select all that apply

- Heard bad things about PrEP
- Concerns about side effects of PrEP
- Concerns people think you have HIV
- Concerns about interaction with your hormones
- Don't want to take a pill everyday
- People would think you have a lot of different sex partners
- Concerns that your sex partner(s) would not want to use condoms if you're on PrEP
- You are not at risk for HIV
- You cannot afford it
- Prefer to rely on condoms only
- Other reason, please specify

Question: PREP13_1
Required
Show if: (PREP_3_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	


 Have you ever taken "on-demand" PrEP? (On demand PrEP is when you take PrEP 2-24 hours before sex and again 24-48 hours after the first dose)

No

Yes

Question: PREP13_2
Required
Show if: (PREP_3_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

 In the past 3 months, have you taken "on-demand" PrEP months? (On demand PrEP is when you take PrEP 2-24 hours before sex and again 24-48 hours after the first dose)

No

Yes

Page Break

Collection: FUTURE_INT**Contains:** F1, F2**Show if:** (VISIT = ENROLL:[Enrollment]) or (VISIT = W26:[Week 26]) or (VISIT = W52:[Week 52]) or (VISIT = W78:[Week 78])

Next, I'll ask you questions about a few different products that might be available in the future to prevent HIV and other sexually transmitted infections. These products are NOT available right now.

Question: F1**Required****Show if:** (VISIT = ENROLL:[Enrollment]) or (VISIT = W26:[Week 26]) or (VISIT = W52:[Week 52]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
1	A pill every day by mouth	
2	Injection in the butt every 2 months	
3	Injection in another part of the body, such as the thigh, every 2 months	
4	A gel or suppository placed inside the vagina or anus (butt hole) right before having sex	
5	Implant in the arm for 2 months or more	
6	Not sure	



The only approved way to take PrEP is one pill every day. Other ways are being developed. If you had a choice, what is the way you would prefer to take PrEP?

- A pill every day by mouth
- Injection in the butt every 2 months
- Injection in another part of the body, such as the thigh, every 2 months
- A gel or suppository placed inside the vagina or anus (butt hole) right before having sex
- Implant in the arm for 2 months or more
- Not sure

Question: F2**Required****Show if:** (VISIT = ENROLL:[Enrollment]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
1	No	
2	Yes	
3	Not sure	



An **HIV vaccine** is a shot that would protect individuals who do not have HIV from getting the virus. At present, there are no HIV vaccines. If an HIV vaccine becomes available in the future, do you think you would get the vaccine?

- No
- Yes
- Not sure

Page Break

Collection: GENDER**Contains:** GENDER_1, GENDER_2, GENDER_3, GENDER_4_1, GENDER_4_2, GENDER_5, GENDER_6, GENDER_7, GENDER_8, GENDER_9, GENDER_9A, GENDER_10, GENDER_11, GENDER_12, GENDER_13

The next set of questions are about your gender transition process.

Question: GENDER_1**Required****Show if:** (VISIT = ENROLL:[Enrollment]) or (VISIT = W26:[Week 26]) or (VISIT = W52:[Week 52]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
1	None of my IDs and records list the name I want them to list	
2	Some of my IDs and records list the name I want them to list	
3	All of my IDs and records list the name I want them to list	
4	Prefer not to answer	



Thinking about how your NAME is listed on all of your IDs and records that list your name, such as your birth certificate, driver's license, passport, etc., which of the statement below is most true?

- None of my IDs and records list the name I want them to list
 Some of my IDs and records list the name I want them to list
 All of my IDs and records list the name I want them to list
 Prefer not to answer

Question: GENDER_2**Required****Show if:** (VISIT = ENROLL:[Enrollment]) or (VISIT = W26:[Week 26]) or (VISIT = W52:[Week 52]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
1	None of my IDs and records list the gender I want them to list	
2	Some of my IDs and records list the gender I want them to list	
3	All of my IDs and records list the gender I want them to list	
4	Prefer not to answer	



Thinking about how your GENDER is listed on all of your IDs and records that list your gender, such as your birth certificate, driver's license, passport, and so on, which of the statements below is most true?

- None of my IDs and records list the gender I want them to list
 Some of my IDs and records list the gender I want them to list
 All of my IDs and records list the gender I want them to list
 Prefer not to answer

Question: GENDER_3**Required****Show if:** (VISIT = ENROLL:[Enrollment]) or (VISIT = W26:[Week 26]) or (VISIT = W52:[Week 52]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
1	Not at all important	
2	Slightly important	
3	Moderately important	
4	Very important	
5	Extremely important	
6	Prefer not to answer	



How important is it to you to have an identity document that says you are female?

- Not at all important
- Slightly important
- Moderately important
- Very important
- Extremely important
- Prefer not to answer

Question: GENDER_4_1

Required

Show if: (VISIT = ENROLL:[Enrollment])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Have you ever had a substance (like silicone or other fillers) injected to fill out your face or make your figure look more womanly?

- No
- Yes

Question: GENDER_4_2

Required

Show if: (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	




▶ In the past 3 months, have you had a substance (like silicone or other fillers) injected to fill out your face or make your figure look more womanly

- No
- Yes


Auto Page Break

Question: GENDER_5
Required
Show if: (GENDER_4_1 = 1:[Yes]) or (GENDER_4_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	


-  Was this injection done by a medical provider (like a doctor)?
- No
 - Yes

Question: GENDER_6
Minimum checks: 1
Show if: (GENDER_4_1 = 1:[Yes]) or (GENDER_4_2 = 1:[Yes])

-  Where on your body did you get your injections?
Select all that apply
- Cheeks
 - Lips
 - Breasts
 - Hips
 - Buttocks
 - Another body part, specify:

Question Block: GENDER_7
Contains: Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8
Required
Show if: (VISIT = ENROLL:[Enrollment])


Scale Summary		
Code	Label	Show-If
1	Ever had it	
2	Want it someday	
3	Do not want it	
4	Prefer not to answer	

 For each of the following procedures, please answer if you have ever had it, want it someday, or do not want it...

	Ever had it	Want it someday	Do not want it	Prefer not to answer
Hair removal/electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast augmentation/surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orchiectomy/"orchy"/removal of testes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginoplasty/labiaplasty/SRS/GRS/GCS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trachea shave (adam's apple or thyroid cartilage reduction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial feminization surgery (such as nose, brow, chin, cheek)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Voice therapy (non-surgical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: GENDER_8
Minimum checks: 1
Show if: (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])


 In the past 3 months, have you had any of the following procedures?

Select all that apply

- Hair removal/electrolysis
- Breast augmentation/surgery
- Orchiectomy/"orchy"/removal of testes
- Vaginoplasty/labiaplasty/SRS/GRS/GCS
- Trachea shave (adam's apple or thyroid cartilage reduction)
- Facial feminization surgery (such as nose, brow, chin, cheek)
- Voice therapy (non-surgical)
- Voice surgery
- Prefer not to answer


Question: GENDER_9
Required
Show if: (VISIT = ENROLL:[Enrollment])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

 Have you EVER taken hormones for your gender identity or gender transition?

- No
- Yes

Question: GENDER_9A
Required
Show if: (VISIT = ENROLL:[Enrollment]) and (GENDER_9 = 1:[Yes])

 At what age did you begin taking hormones?

Age

Auto Page Break

Question: GENDER_10**Required****Show if:** (GENDER_9 = 1:[Yes]) or (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ In the past 3 months, have you taken hormones for your gender identity or gender transition?

- No
- Yes

Auto Page Break

Question: GENDER_11

Required

Show if: (GENDER_10 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Are you currently taking hormones for your gender identity or gender transition?

- No
 Yes

Auto Page Break

Question: GENDER_12

Required

Show if: (GENDER_11 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	I only go to medical providers (like a doctor) for hormones	
2	In addition to medical providers, I also get hormone from friends, online, or other sources	
3	I only get hormones from friends, online, or other non-licensed sources	
4	Some other source, please describe:	



▶ Where do you currently get your hormones?

- I only go to medical providers (like a doctor) for hormones
- In addition to medical providers, I also get hormone from friends, online, or other sources
- I only get hormones from friends, online, or other non-licensed sources
- Some other source, please describe:

Question: GENDER_13

Required

Scale Summary		
Code	Label	Show-If
1	They know almost everything about transgender care	
2	They know most things about transgender care	
3	They know some things about transgender care	
4	They know almost nothing about transgender care	
5	I am not sure how much they know about transgender care	
6	I do not go to a doctor or healthcare provider for care	
7	Prefer not to answer	



▶ Thinking about the doctors or health care providers you usually go to for health care, how much do they know about transgender care?

- They know almost everything about transgender care
- They know most things about transgender care
- They know some things about transgender care
- They know almost nothing about transgender care
- I am not sure how much they know about transgender care
- I do not go to a doctor or healthcare provider for care
- Prefer not to answer

Page Break

Collection: DRUG_INT**Contains:** DRUGINT_1, DRUGINT_2_1, DRUGINT_2_2, DRUGINT_3_1, DRUGINT_3_2, DRUGINT_4_1, DRUGINT_4_2, DRUGINT_5_1, DRUGINT_5_2

The next set of questions ask about taking PrEP and female hormones together

Question: DRUGINT_1**Required**

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Not sure	



▶ Do you think that PrEP and hormones interfere with one another?

- No
- Yes
- Not sure

Question: DRUGINT_2_1**Required****Show if:** (VISIT = ENROLL:[Enrollment]) and (PREP_3_1 = 1:[Yes]) and (GENDER_9 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes, I take more than prescribed	
2	Yes, I take less than prescribed	
3	Yes, I stopped taking PrEP	

▶ If you think that PrEP and female hormones interfere with one another, has this changed how you take **PrEP**?

- No
- Yes, I take more than prescribed
- Yes, I take less than prescribed
- Yes, I stopped taking PrEP

Question: DRUGINT_2_2**Required****Show if:** ((VISIT = W13:[Week 13]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W26:[Week 26]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W39:[Week 39]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W52:[Week 52]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W65:[Week 65]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W78:[Week 78]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes]))

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes, I take more than prescribed	
2	Yes, I take less than prescribed	
3	Yes, I stopped taking PrEP	

▶ If you think that PrEP and female hormones interfere with one another, has this changed how you take **PrEP**?

- No
- Yes, I take more than prescribed
- Yes, I take less than prescribed

- Yes, I stopped taking PrEP

Question: DRUGINT_3_1

Required

Show if: (VISIT = ENROLL:[Enrollment]) and (PREP_3_1 = 1:[Yes]) and (GENDER_9 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes, I take more than prescribed	
2	Yes, I take less than prescribed	
3	Yes, I stopped taking hormones	



If you think that PrEP and female hormones interfere with one another, has this changed how you take **hormones**?

- No
- Yes, I take more than prescribed
- Yes, I take less than prescribed
- Yes, I stopped taking hormones

Question: DRUGINT_3_2

Required

Show if: ((VISIT = W13:[Week 13]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W26:[Week 26]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W39:[Week 39]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W52:[Week 52]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W65:[Week 65]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W78:[Week 78]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes]))

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes, I take more than prescribed	
2	Yes, I take less than prescribed	
3	Yes, I stopped taking hormones	



If you think that PrEP and female hormones interfere with one another, has this changed how you take **hormones**?

- No
- Yes, I take more than prescribed
- Yes, I take less than prescribed
- Yes, I stopped taking hormones

Question: DRUGINT_4_1

Required

Show if: (VISIT = ENROLL:[Enrollment]) and (PREP_3_1 = 1:[Yes]) and (GENDER_9 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



Has a healthcare provider ever told you to **stop** hormones because you were on PrEP?

- No
- Yes

Question: DRUGINT_4_2**Required**

Show if: ((VISIT = W13:[Week 13]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W26:[Week 26]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W39:[Week 39]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W52:[Week 52]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W65:[Week 65]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W78:[Week 78]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes]))

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Yes, I take less than prescribed	<i>Never Shown</i>
3	Yes, I stopped taking PrEP	<i>Never Shown</i>



In the past 3 months, has a healthcare provider told you to **stop** hormones because you were on PrEP?

- No
 Yes
 Yes, I take less than prescribed
 Yes, I stopped taking PrEP

Question: DRUGINT_5_1**Required**

Show if: (VISIT = ENROLL:[Enrollment]) and (PREP_3_1 = 1:[Yes]) and (GENDER_9 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



Has a healthcare provider ever **changed** your hormone dose because you were on PrEP?

- No
 Yes

Question: DRUGINT_5_2**Required**

Show if: ((VISIT = W13:[Week 13]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W26:[Week 26]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W39:[Week 39]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W52:[Week 52]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W65:[Week 65]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes])) or ((VISIT = W78:[Week 78]) and (PREP_3_2 = 1:[Yes]) and (GENDER_10 = 1:[Yes]) and (DRUGINT_1 = 1:[Yes]))

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Yes, I take less than prescribed	<i>Never Shown</i>
3	Yes, I stopped taking PrEP	<i>Never Shown</i>



In the past 3 months, has a healthcare provider **changed** your hormone dose because you were on PrEP?

- No
 Yes
 Yes, I take less than prescribed
 Yes, I stopped taking PrEP

Page Break

Collection: HIV_RISK

Contains: HIV_RISK_1

Next, we will talk about how much you feel at risk of getting infected with HIV.

Question: HIV_RISK_1

Required

Scale Summary		
Code	Label	Show-If
0	No risk	
1	Low risk	
2	Medium risk	
3	High risk	



▶ In your opinion, what is your risk of getting HIV?

- No risk
- Low risk
- Medium risk
- High risk

Page Break

Collection: SEXBEH

Contains: SEXBEH_1, SEXBEH_2, SEXBEH_3, SEXBEH_4, SEXBEH_5, SEXBEH_6, SEXBEH_7, SEXBEH_8, SEXBEH_9, SEXBEH_10, SEXBEH_11, SEXBEH_12, SEXBEH_13, SEXBEH_14, SEXBEH_15, SEXBEH_16, SEXBEH_17, SEXBEH_18, SEXBEH_19, SEXBEH_20, SEXBEH_21, SEXBEH_22_1, SEXBEH_22_2, SEXBEH_23_1, SEXBEH_23_2

The next set of questions will ask about your sex life

Question: SEXBEH_1

Required

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	




In the past 3 months, have you had any kind of sex (oral, anal, or vaginal)?

- No
- Yes


Auto Page Break

Question: SEXBEH_2
Minimum checks: 1
Show if: (SEXBEH_1 = 1:[Yes])

 In the past 3 months, what were the genders of your sexual partners?
Select all that apply

- Man (non-transgender)
- Woman (non-transgender)
- Transgender Woman
- Transgender Man
- Gender non-binary (female at birth)
- Gender non-binary (male at birth)
- Another identity (please describe)


Question: SEXBEH_3
Minimum checks: 1
Show if: (SEXBEH_1 = 1:[Yes])

 In the past 3 months, which of the following types of sex have you had?
Select all that apply

- A partner put their penis in your anus or butt
- You put your penis in a partner's anus or butt
- A partner put their penis into your vagina
- You put your penis in a partner's vagina
- A partner put their penis in your mouth
- You put your penis in a partner's mouth
- A partner put their mouth on your vagina
- You put your mouth on a partner's vagina

Question: SEXBEH_4
Required
Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis in your anus or butt] or [You put your penis in a partner's anus or butt] or [A partner put their penis into your vagina] or [You put your penis in a partner's vagina])

Scale Summary		
Code	Label	Show-If
1	I did not have sex with anyone whom I knew was HIV-positive	
2	None of the time	
3	Less than half of the time	
4	About half the time	
5	More than half of the time	
6	All of the time	

 In the past 3 months, how often did you use condoms when having vaginal or anal sex with people whom you knew was HIV- positive?

- I did not have sex with anyone whom I knew was HIV-positive
- None of the time
- Less than half of the time
- About half the time
- More than half of the time
- All of the time

Question: SEXBEH_5**Required****Show if:** (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis in your anus or butt] or [You put your penis in a partner's anus or butt] or [A partner put their penis into your vagina] or [You put your penis in a partner's vagina])

Scale Summary		
Code	Label	Show-If
1	I did not have sex with anyone who I did not know if they were HIV positive or HIV negative	
2	None of the time	
3	Less than half of the time	
4	About half the time	
5	More than half of the time	
6	All of the time	



In the past 3 months, how often did you use condoms when having vaginal or anal sex with people who you did not know if they were HIV-positive or HIV-negative?

- I did not have sex with anyone who I did not know if they were HIV positive or HIV negative
- None of the time
- Less than half of the time
- About half the time
- More than half of the time
- All of the time

Question: SEXBEH_6**Required****Show if:** (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis in your anus or butt] or [You put your penis in a partner's anus or butt] or [A partner put their penis into your vagina] or [You put your penis in a partner's vagina])

Scale Summary		
Code	Label	Show-If
1	None of the time	
2	Less than half of the time	
3	About half the time	
4	More than half of the time	
5	All of the time	
6	Prefer not to answer	



In the past 3 months, how often were you high from drugs or drunk from alcohol when you had vaginal or anal sex?

- None of the time
- Less than half of the time
- About half the time
- More than half of the time
- All of the time
- Prefer not to answer

Page Break

Now thinking about the **past month only**

Question: SEXBEH_7

Required

Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis in your anus or butt])

Scale Summary		
Code	Label	Show-If
1		
2	Prefer not to answer	



▶ How many **times** in the past month did you have anal sex where **your partner(s) put their penis in your anus or butt?**

- Number of times
- Prefer not to answer

Question: SEXBEH_8

Required

Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis in your anus or butt]) and (SEXBEH_7.TEXT > 0)

Scale Summary		
Code	Label	Show-If
1		
2	Prefer not to answer	



▶ Of those times, **how many times did your partner wear a condom** the whole time they were inside?

- Number of times
- Prefer not to answer

Page Break

Question: SEXBEH_9

Required

Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis in your anus or butt]) and (SEXBEH_7.TEXT > 0)

Scale Summary		
Code	Label	Show-If
1		
2	Prefer not to answer	



▶ Of those times, **how many times** was lube used?

- Number of times
- Prefer not to answer

Page Break

Question: SEXBEH_10**Required****Show if:** (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis in your anus or butt]) and (SEXBEH_7.TEXT > 0)

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Not sure	
3	Prefer not to answer	



▶ Now think about the **last time** a partner put their penis in your anus or butt. Did they wear a condom the whole time they were inside?

- No
 Yes
 Not sure
 Prefer not to answer

Question: SEXBEH_11**Required****Show if:** (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis in your anus or butt]) and (SEXBEH_7.TEXT > 0)

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Not sure	
3	Prefer not to answer	



▶ The **last time** a partner put their penis in your anus or butt, was **lube** used?

- No
 Yes
 Not sure
 Prefer not to answer

Page Break

Now thinking about the **past month only**

Question: SEXBEH_12

Required

Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis into your vagina])

Scale Summary		
Code	Label	Show-If
1		
2	Prefer not to answer	



▶ How many **times** in the past month did you have vaginal sex where **your partner(s) put their penis** in your vagina?

- Number of times
- Prefer not to answer

Question: SEXBEH_13

Required

Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis into your vagina]) and (SEXBEH_12.TEXT > 0)

Scale Summary		
Code	Label	Show-If
1		
2	Prefer not to answer	



▶ Of those times, **how many times did your partner wear a condom** the whole time they were inside?

- Number of times
- Prefer not to answer

Page Break

Question: SEXBEH_14

Required

Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis into your vagina]) and (SEXBEH_12.TEXT > 0)

Scale Summary		
Code	Label	Show-If
1		
2	Prefer not to answer	



▶ Of those times, **how many times was lube used?**

- Number of times
- Prefer not to answer

Page Break

Question: SEXBEH_15**Required****Show if:** (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis into your vagina]) and (SEXBEH_12.TEXT > 0)

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Not sure	
3	Prefer not to answer	



▶ Now think about the **last time** a partner put their penis in your vagina. Did they wear a **condom** the whole time they were inside?

- No
- Yes
- Not sure
- Prefer not to answer

Question: SEXBEH_16**Required****Show if:** (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [A partner put their penis into your vagina]) and (SEXBEH_12.TEXT > 0)

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Not sure	
3	Prefer not to answer	



▶ The **last time** a partner put their penis in your vagina, was **lube** used?

- No
- Yes
- Not sure
- Prefer not to answer

Page Break

Now thinking about the **past month only**

Question: SEXBEH_17

Required

Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [You put your penis in a partner's anus or butt])

Scale Summary		
Code	Label	Show-If
1		
2	Prefer not to answer	



▶ How many **times** in the past month did you have anal sex where **you put your penis in a partner's anus or butt?**

- Number of times
- Prefer not to answer

Question: SEXBEH_18

Required

Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [You put your penis in a partner's anus or butt]) and (SEXBEH_17.TEXT > 0)

Scale Summary		
Code	Label	Show-If
1		
2	Prefer not to answer	



▶ Of those times, **how many times did you wear a condom** the whole time they were inside?

- Number of times
- Prefer not to answer

Page Break

Question: SEXBEH_19

Required

Show if: (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [You put your penis in a partner's anus or butt]) and (SEXBEH_17.TEXT > 0)

Scale Summary		
Code	Label	Show-If
1		
2	Prefer not to answer	



▶ Of those times, **how many times was lube used?**

- Number of times
- Prefer not to answer

Page Break

Question: SEXBEH_20**Required****Show if:** (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [You put your penis in a partner's anus or butt]) and (SEXBEH_17.TEXT > 0)

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Not sure	<i>Never Shown</i>
3	Prefer not to answer	



▶ Now think about the **last time you put your penis in a partner's anus or butt**. Did you wear a condom the whole time you were inside?

- No
 Yes
 Not sure
 Prefer not to answer

Question: SEXBEH_21**Required****Show if:** (SEXBEH_1 = 1:[Yes]) and (SEXBEH_3 is-any-of [You put your penis in a partner's anus or butt]) and (SEXBEH_17.TEXT > 0)

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Not sure	<i>Never Shown</i>
3	Prefer not to answer	



▶ The **last time** you put your penis in a partner's anus or butt, was **lube** used?

- No
 Yes
 Not sure
 Prefer not to answer

Page Break

Question: SEXBEH_22_1**Required****Show if:** (VISIT = ENROLL:[Enrollment])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	



▶ Have you ever had sex with someone so that they would give you money, drugs, a place to stay, food, or other things you may need?

- No
- Yes
- Prefer not to answer

Question: SEXBEH_22_2**Required****Show if:** (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	



▶ In the past 3 months, have you had sex with someone so that they would give you money, drugs, a place to stay, food, or other things you may need?

- No
- Yes
- Prefer not to answer

Question: SEXBEH_23_1**Required****Show if:** (VISIT = ENROLL:[Enrollment])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	



▶ Have you ever given someone else money, drugs, a place to stay, or food in exchange for sex?

- No
- Yes
- Prefer not to answer

Question: SEXBEH_23_2**Required****Show if:** (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	

▶ In the past 3 months, have you given someone else money, drugs, a place to stay, or food



in exchange for sex?

- No
- Yes
- Prefer not to answer

Page Break

Collection: MENTAL_HEALTH

Contains: MENTAL_HEALTH_1, MENTAL_HEALTH_2, NIGHTMARE, AVOID, ONGUARD, NUMB

The next set of questions will ask about your mood and mental health

Over the last **2 weeks**, how often have you been bothered by any of the following problems?

Question: MENTAL_HEALTH_1

Required

Scale Summary		
Code	Label	Show-If
1	Not at all	
2	Several days	
3	More than half the days	
4	Nearly every day	



▶ Little interest or pleasure in doing things

- Not at all
- Several days
- More than half the days
- Nearly every day

Question: MENTAL_HEALTH_2

Required

Scale Summary		
Code	Label	Show-If
1	Not at all	
2	Several days	
3	More than half the days	
4	Nearly every day	



▶ Feeling down, depressed, or hopeless

- Not at all
- Several days
- More than half the days
- Nearly every day

Page Break

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the ***past month***, you:

Question: NIGHTMARE

Required

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Have had nightmares about it or thought about it when you did not want to?

- No
 Yes

Question: AVOID

Required

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

- No
 Yes

Question: ONGUARD

Required

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Were constantly on guard, watchful, or easily startled?

- No
 Yes

Question: NUMB

Required

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Felt numb or detached from others, activities, or your surroundings?

- No
 Yes

Page Break

Collection: SUB_ABUSE

Contains: SUB_ABUSE_1, SUB_ABUSE_2, SUB_ABUSE_3, SUB_ABUSE_4, SUB_ABUSE_5, SUB_ABUSE_6, SUB_ABUSE_7, SUB_ABUSE_8, SUB_ABUSE_9, SUB_ABUSE_10

The next set of questions will ask about your use of alcohol and drugs

Question: SUB_ABUSE_1

Required

Scale Summary		
Code	Label	Show-If
0	Never	
1	Monthly or less	
2	2 to 4 times a month	
3	2 to 3 times a week	
4	4 or more times a week	



▶ How often did you have a drink containing alcohol in the **past 3 months**?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

Auto Page Break

Question: SUB_ABUSE_2**Required****Show if:** (SUB_ABUSE_1 ≠ 0:[Never])

Scale Summary		
Code	Label	Show-If
0	1 or 2	
1	3 or 4	
2	5 or 6	
3	7 to 9	
4	10 or more	

▶ How many standard drinks containing alcohol did you have on a typical day when you were drinking in the **past 3 months**?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

Question: SUB_ABUSE_3**Required****Show if:** (SUB_ABUSE_1 ≠ 0:[Never])

Scale Summary		
Code	Label	Show-If
0	Never	
1	Less than monthly	
2	Monthly	
3	Weekly	
4	Daily or almost daily	

▶ How often did you have six or more drinks on one occasion in the **past 3 months**?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Question: SUB_ABUSE_4**Required****Show if:** (VISIT = ENROLL:[Enrollment])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

▶ Have you **ever** used drugs other than those required for medical reasons?

- No
- Yes

Auto Page Break

Question: SUB_ABUSE_5

Required

Show if: (SUB_ABUSE_4 ≠ 0:[No])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	




▶ Have you used drugs other than those required for medical reasons in the **past 3 months**?

- No
- Yes

Auto Page Break


Question: SUB_ABUSE_6
Minimum checks: 1
Show if: (SUB_ABUSE_5 = 1:[Yes])

 Which of the following drugs have you used without a medical reason in the past **3 months**?

- Marijuana (pot, hashish, skank)
- Crack cocaine (oxi, merla)
- Powder cocaine
- Heroin
- Prescription opioids (oxycodone, buprenorphine or "bup")
- Methamphetamines (speed, crystal, meth)
- Tranquilizers (valium, xanax)
- Club drugs (e.g. ecstasy/X, molly/MDMA, GHB, Ketamine/K)
- Hallucinogens (LSD, mushrooms)
- Inhalants (paint thinner, aerosol, glue)
- Other (please describe):
- Prefer not to answer

Question: SUB_ABUSE_7
Required
Show if: (SUB_ABUSE_1 ≠ 0:[Never]) and (SUB_ABUSE_5 = 1:[Yes])


Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

 Have you felt you ought to cut down on your **drinking or drug use**?

No
 Yes

Question: SUB_ABUSE_8
Required
Show if: (SUB_ABUSE_1 ≠ 0:[Never]) and (SUB_ABUSE_5 = 1:[Yes])


Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

 Have people annoyed you by criticizing your drinking or drug use?

No
 Yes

Question: SUB_ABUSE_9
Required
Show if: (SUB_ABUSE_1 ≠ 0:[Never]) and (SUB_ABUSE_5 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

 Have you felt bad or guilty about your drinking or drug use?

No

Yes

Question: SUB_ABUSE_10

Required

Show if: (SUB_ABUSE_1 \neq 0:[Never]) and (SUB_ABUSE_5 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



▶ Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?


- No
 Yes

Page Break

Collection: STIGMA
Contains: STIGMA_1, STIGMA_2, STIGMA_3

Question Block: STIGMA_1
Contains: RESPECT, SERVICE, SMART, AFRAID, THREATEN
Required

Scale Summary		
Code	Label	Show-If
0	Never	
1	Less than once a year	
2	A few times a year	
3	A few times a month	
4	At least once a week	
5	Almost every day	

 In your day-to-day life how often have any of the following things happened to you?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day
You are treated with less courtesy or respect than other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You receive poorer service than other people at restaurants or stores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they think you are not smart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they are afraid of you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You are threatened or harassed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: STIGMA_2
Contains: HIRE, TRUST, DANGER, LESS, DOWN, INTELL
Required

Scale Summary		
Code	Label	Show-If
1	Strongly Disagree	

2	Disagree	
3	Agree	
4	Strongly Agree	



▶ These next statements refer to 'a person like you'. This means a person with the same characteristics as you, for example the same gender, race, ethnicity, and/or socioeconomic class as you. Please respond on the basis of how you feel people, in general, regard you in terms of such groups.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Most employers will not hire a person like you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people believe that a person like you cannot be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people think that a person like you is dangerous and unpredictable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people think less of a person like you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people look down on people like you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people think people like you are not as intelligent as the average person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: STIGMA_3

Required

Scale Summary		
Code	Label	Show-If
1	Strongly Agree	
2	Agree	
3	Disagree	
4	Strongly Disagree	
5	Prefer not to answer	



▶ These next statement is about how you feel about your gender identity. Please rate your level of agreement with the following statement: "I wish I was not transgender"

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer


Page Break

Collection: VIOLENCE
Contains: VIOLENCE_1_1, VIOLENCE_1_2, VIOLENCE_1A, VIOLENCE_1B, VIOLENCE_2_1, VIOLENCE_2_2, VIOLENCE_2A, VIOLENCE_2B, VIOLENCE_3_1, VIOLENCE_3_2, VIOLENCE_3A, VIOLENCE_3B

The next set of questions will ask about your experiences of violence.

Question: VIOLENCE_1_1
Required
Show if: (VISIT = ENROLL:[Enrollment])


Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	

 Has anyone ever insulted, criticized, threatened or yelled at you in any way?

- No
- Yes
- Prefer not to answer

Question: VIOLENCE_1_2
Required
Show if: (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])


Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	

 In the past 3 months, has anyone insulted, criticized, threatened or yelled at you in any way?

- No
- Yes
- Prefer not to answer

Question: VIOLENCE_1A
Required
Show if: (VISIT = ENROLL:[Enrollment]) and (VIOLENCE_1_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	

 Has this happened in the past 3 months?

- No
- Yes
- Prefer not to answer

Auto Page Break

Question: VIOLENCE_1B
Minimum checks: 1
Show if: (VIOLENCE_1_1 = 1:[Yes]) or (VIOLENCE_1_2 = 1:[Yes])



▶ Who has done these things to you?

Select all that apply

- Current partner
- Ex-partner
- Sex work client (also known as a date)
- Family member
- Employer/co-worker
- Someone in the transgender community
- Someone in your neighborhood
- Police/law enforcement
- Stranger
- Someone else
- Prefer not to answer

Question: VIOLENCE_2_1
Required
Show if: (VISIT = ENROLL:[Enrollment])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	



▶ Has anyone ever hit, kicked, slapped, punched, or otherwise physically hurt you?

- No
- Yes
- Prefer not to answer

Question: VIOLENCE_2_2
Required
Show if: (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	



▶ In the past 3 months, has anyone hit, kicked, slapped, punched, or otherwise physically hurt you?

- No
- Yes
- Prefer not to answer

Question: VIOLENCE_2A
Required
Show if: (VISIT = ENROLL:[Enrollment]) and (VIOLENCE_2_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If

0	No	
1	Yes	
2	Prefer not to answer	



▶ Has this happened in the past 3 months?

- No
- Yes
- Prefer not to answer

Auto Page Break

Question: VIOLENCE_2B**Minimum checks:** 1**Show if:** (VIOLENCE_2_1 = 1:[Yes]) or (VIOLENCE_2_2 = 1:[Yes])

▶ Who has done these things to you?

Select all that apply

- Current partner
- Ex-partner
- Sex work client (also known as a date)
- Family member
- Employer/co-worker
- Someone in the transgender community
- Someone in your neighborhood
- Police/law enforcement
- Stranger
- Someone else
- Prefer not to answer

Question: VIOLENCE_3_1**Required****Show if:** (VISIT = ENROLL:[Enrollment])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	



▶ Has anyone ever physically forced or coerced you to have sex or perform sexual acts that you did not want to?

- No
- Yes
- Prefer not to answer

Question: VIOLENCE_3_2**Required****Show if:** (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	



▶ In the past 3 months, has anyone physically forced or coerced you to have sex or perform sexual acts that you did not want to?

- No
- Yes
- Prefer not to answer

Question: VIOLENCE_3A**Required****Show if:** (VISIT = ENROLL:[Enrollment]) and (VIOLENCE_3_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	

Code	Label	Show-If
0	No	
1	Yes	
2	Prefer not to answer	



▶ Has this happened in the past 3 months?

- No
- Yes
- Prefer not to answer

Auto Page Break

Question: VIOLENCE_3B

Minimum checks: 1

Show if: (VIOLENCE_3_1 = 1:[Yes]) or (VIOLENCE_3_2 = 1:[Yes])



▶ Who has done these things to you?

Select all that apply

- Current partner
- Ex-partner
- Sex work client (also known as a date)
- Family member
- Employer/co-worker
- Someone in the transgender community
- Someone in your neighborhood
- Police/law enforcement
- Stranger
- Someone else
- Prefer not to answer


Page Break

Collection: HOUSE
Contains: HOUSE_1, HOUSE_2_1, HOUSE_2_2, HOUSE_3, HOUSE_4

The next set of questions will ask about housing and food

Question: HOUSE_1
Required
Show if: (VISIT = ENROLL:[Enrollment])


Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

 In your lifetime, have you ever been homeless? By homeless, we mean you slept in a shelter, on the streets, in a car, at a friend or relative's house for a few nights or weeks, or at another place not intended for sleeping.

No
 Yes

Question: HOUSE_2_1
Required
Show if: (VISIT = ENROLL:[Enrollment]) and (HOUSE_1 = 1:[Yes])


Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

 Have you been homeless in the past 3 months?

No
 Yes


Question: HOUSE_2_2
Required
Show if: (VISIT = W13:[Week 13]) or (VISIT = W26:[Week 26]) or (VISIT = W39:[Week 39]) or (VISIT = W52:[Week 52]) or (VISIT = W65:[Week 65]) or (VISIT = W78:[Week 78])

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	

 Have you been homeless in the past 3 months? By homeless, we mean you slept in a shelter, on the streets, in a car, at a friend or relative's house for a few nights or weeks, or at another place not intended for sleeping.


No
 Yes

Question: HOUSE_3
Required

 Now, thinking about the last **30 days**, how many days have you had difficulty finding a safe place to sleep? (If you have not had difficulty finding a safe place to sleep, enter "0")

Days

Question: HOUSE_4
Required

 In the last **30 days**, how many nights did you go to sleep hungry because you didn't have enough food?

Nights

Page Break

Collection: COMMUNITY**Contains:** COMMUNITY_1, COMMUNITY_2, COMMUNITY_3, COMMUNITY_4, COMMUNITY_5

The next set of I statements focus on how you feel about the community of transgender women. Please indicate to what extent you agree or disagree with the following.

Question: COMMUNITY_1**Required**

Scale Summary		
Code	Label	Show-If
0	Disagree	
1	Neither agree nor disagree	
2	Agree	



I feel part of a community of people who share my gender identity.

- Disagree
 Neither agree nor disagree
 Agree

Question: COMMUNITY_2**Required**

Scale Summary		
Code	Label	Show-If
0	Disagree	
1	Neither agree nor disagree	
2	Agree	



I feel connected to other people who share my gender identity.

- Disagree
 Neither agree nor disagree
 Agree

Question: COMMUNITY_3**Required**

Scale Summary		
Code	Label	Show-If
0	Disagree	
1	Neither agree nor disagree	
2	Agree	



When interacting with members of a community that shares my gender identity, I feel like I belong.

- Disagree
 Neither agree nor disagree
 Agree

Question: COMMUNITY_4**Required**

Scale Summary		
Code	Label	Show-If
0	Disagree	
1	Neither agree nor disagree	
2	Agree	



I'm not like other people who share my gender identity.

- Disagree

- Neither agree nor disagree
 Agree

Question: COMMUNITY_5

Required

Scale Summary		
Code	Label	Show-If
0	Disagree	
1	Neither agree nor disagree	
2	Agree	



I feel isolated and separate from other people who share my gender identity.

- Disagree
 Neither agree nor disagree
 Agree

Page Break

Collection: END_SURVEY
Contains: QUESTTALK

Question: QUESTTALK
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
999	Prefer not to answer	



▶ We have asked you a number of questions today. Some of them may have caused you to feel worried or sad. Would you like to talk to someone about any of your answers?

- Yes
- No
- Prefer not to answer

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