

**Transgender HIV Behavioral Survey**

**Attachment 3B**

**Data Collection Instrument: Behavioral Survey**

DRAFT

## Transgender HIV Behavioral Survey: Core Questionnaire

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC Information Collections Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (XXXXXXXX).

The first questions are about your background. Please remember your answers will be kept private.

**AUTO7.** Time core questionnaire began: \_\_\_\_:\_\_\_\_  AM  PM

1. In the past 12 months, have you been homeless at any time? “Homeless” means you were living on the street, in a shelter, a Single Room Occupancy hotel (SRO), temporarily staying with friends or relatives, or living in a car.
- No.....  0  
Yes.....  1  
Refused to answer.....  .R  
Don't know.....  .D

**If Q1 is (0, .R, .D) then skip to Q2**

- 1a. Are you currently homeless? “Homeless” means you are living on the street, in a shelter, a Single Room Occupancy hotel (SRO), temporarily staying with friends or relatives, or living in a car.
- No.....  0  
Yes.....  1  
Refused to answer.....  .R  
Don't know.....  .D
2. What zip code do you live in?  
**[Refused = .R, Don't know = .D]**      \_\_\_\_\_

3. What country were you born in? **[Check only one.]**
- United States.....  1
  - .....  2
  - Puerto Rico.....  3
  - Cuba.....  4
  - Other (*Specify*.....).....  5
  - Refused to answer.....  .R
  - Don't know.....  .D

Mexico

**If INT 2=Puerto Rico then skip to Q4**  
**If Q3 =1, .R, or .D then skip to Q4**

- 3a. What year did you first come to live in the United States?  
**[Refused=.R, Don't know = .D]**

(Y Y Y Y) \_\_\_\_\_

4. What is the highest level of education you completed? **[Check only one.]**
- Never attended school.....  00
  - Grades 1 through 8.....  01
  - Grades 9 through 11.....  02
  - Grade 12 or GED.....  03
  - Some college, Associate's Degree, or Technical Degree.....  04
  - Bachelor's Degree.....  05
  - Any post graduate studies .....  06
  - Refused to answer.....  .R
  - Don't know.....  .D

5. What best describes your employment status? Are you:  
**[Check only one.]**

- Employed full-time.....  01
- Employed part-time.....  02
- A homemaker.....  03
- A full-time student.....  04
- Retired.....  05
- Disabled for work.....  06
- Unemployed.....  07
- Other.....  08
- Refused to answer.....  .R
- Don't know.....  .D

**For Respondents who are not currently homeless (Q1=0, .R, .D) OR Q1a=0, .R, .D):**

**Say:** Next, are some questions about your household income. "Household income" means the total amount of money earned and shared by all people living in your household.

**For Respondents who are currently homeless (Q1a=1):**

**Say:** Next, are some questions about your income. "Income" means the total amount of money you earn or receive. This includes money other people share with you.

6. What was your *[insert household income if Q1=0,R,.D OR Q1a=0,R,.D; insert income if Q1a=1]* last year from all sources before taxes? Please indicate which one best corresponds to your yearly income.

- Less than \$10,000.....  00
- \$10,000 to \$14,999.....  01
- \$15,000 to \$19,999.....  02
- \$20,000 to \$29,999.....  03
- \$30,000 to \$39,999.....  04
- \$40,000 to \$49,999.....  05
- \$50,000 or more.....  06
- Refused to answer.....  .R
- Don't know.....  .D

**If Q6 is (.R, .D) then skip to Q7**

- 6a. Including yourself, how many people depended on this income?

- 1.....  1
- 2.....  2
- 3.....  3
- 4 or more people.....  4
- Refused to answer.....  .R
- Don't know.....  .D

7. Do you currently have health insurance coverage? This includes Medicaid or Medicare.
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q7 is (0, .R, .D) then skip to Q9**

- 7a. What kind of health insurance coverage do you currently have? **[Check all that apply.]**
- Private health insurance or HMO.....  01
- Medicaid.....  02
- Medicare.....  03
- TRICARE (CHAMPUS).....  04
- Veterans Administration coverage.....  05
- Some other insurance.....  06
- (Specify \_\_\_\_\_ )
- Refused to answer.....  .R
- Don't know.....  .D

8. Does the insurance cover hormone therapy?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

- 8a. Does the insurance cover sex change or sexual reassignment surgeries (SRS)?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

Healthcare Visit

9. Have you seen a doctor, nurse, or other health care provider in the past 12 months?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q9 is (0, .R, .D) then skip to Q10*

9a. At any of those times you were seen, were you offered an HIV test?  
An HIV test checks whether someone has the virus that causes AIDS.

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**SAY:** Some people are very open about being transgender. Others prefer to tell only a few people. For the next question, you will see a list of groups you may have told about you being transgender. For each one, check “YES” if you have told some people in the group or check “NO” if you have not. If you do not know anyone in the group, check “Does not apply to me.”

10. Which of the following groups have you told about your transgender identity?

- |  | No                            | Yes                             | Refused<br>to answer            | Don't<br>Know                   | Does not<br>apply to me     |
|--|-------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------|
| a. Have you told friends who are transgender                 | <input type="checkbox"/> 0... | <input type="checkbox"/> 1..... | <input type="checkbox"/> .R.... | <input type="checkbox"/> .D ... | <input type="checkbox"/> .N |
| b. Have you told your gay, lesbian, or bisexual friends      | <input type="checkbox"/> 0... | <input type="checkbox"/> 1..... | <input type="checkbox"/> .R.... | <input type="checkbox"/> .D.... | <input type="checkbox"/> .N |
| c. Have you told your straight friends                       | <input type="checkbox"/> 0... | <input type="checkbox"/> 1..... | <input type="checkbox"/> .R.... | <input type="checkbox"/> .D.... | <input type="checkbox"/> .N |
| d. Have you told your family members                         | <input type="checkbox"/> 0... | <input type="checkbox"/> 1..... | <input type="checkbox"/> .R.... | <input type="checkbox"/> .D.... | <input type="checkbox"/> .N |
| e. Have you told your current doctor or health care provider | <input type="checkbox"/> 0... | <input type="checkbox"/> 1..... | <input type="checkbox"/> .R.... | <input type="checkbox"/> .D.... | <input type="checkbox"/> .N |
| f. Have you told your current employer                       | <input type="checkbox"/> 0... | <input type="checkbox"/> 1..... | <input type="checkbox"/> .R.... | <input type="checkbox"/> .D.... | <input type="checkbox"/> .N |
| g. Have you told your current partner or spouse              | <input type="checkbox"/> 0... | <input type="checkbox"/> 1..... | <input type="checkbox"/> .R.... | <input type="checkbox"/> .D.... | <input type="checkbox"/> .N |

## SEXUAL BEHAVIOR

**SAY:** The next questions are about sexual behavior. Some of the questions are for people who have a penis and some are for people who have a vagina. To ask you the proper questions, we would first like to ask about your body.

11.  
Do

you have a surgically constructed vagina?

- No.....  0  
Yes.....  1  
Refused to answer.....  .R  
Don't know.....  .D

If Q11 (.R or .D) then skip to the Alcohol Use History Section.

**If Q11=1, SAY:** Now we would like to ask you some questions about having sex with men. Some of the questions may not apply to you. Please remember your answers will be kept private.

For these questions, "having sex" means oral, vaginal, or anal sex. Oral sex means your partner put his mouth on your vagina or you put your mouth on his penis. Vaginal sex means your partner put his penis in your vagina. Anal sex means he put his penis in your anus (butt).

**If Q11 =0, SAY:** Now we would like to ask you some questions about having sex with men. Some of the questions may not apply to you. Please remember your answers will be kept private.

For these questions, "having sex" means oral or anal sex. Oral sex means your partner put his mouth on your penis or you put your mouth on his penis. Anal sex means you put your penis in his anus (butt) or he put his penis in your anus (butt).

**Male Sex Partners**

13. Have you ever had *[insert “oral or anal” if Q11 =0; insert “oral, vaginal, or anal” if Q11=1]* sex with a man?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q13 in (0, .R, .D) then skip to Q43 in the Female Partner section*

14. How old were you the first time you had *[insert “oral or anal” if Q11 =0; insert “oral, vaginal, or anal” if Q11=1]* with a man?

*[Refused =.R, Don't know=.D]* \_\_\_\_\_ years

15. In the past 12 months, with how many different men have you had *[insert “oral or anal” if Q11 =0; insert “oral, vaginal, or anal” if Q11=1]* sex?

*[Refused = .R, Don't know = .D]* \_\_\_\_\_

*If Q15 in (0, .R, .D) then skip to Q43 in the Female Partner section*



**Skip Pattern for # of Male Sexual Partners: If Q15=1, ask Q16a. Otherwise, ask Q16.**

<b>[Read Say Box and Questions in this column]</b>			<b>[Read Say Box and Question in this column]</b>
<p><b>SAY:</b> Please describe these sex partners as either main or casual partners:</p> <p>A “main partner” is a man you have sex with and who you feel committed to above anyone else. This is a partner you would call your boyfriend, significant other, or life partner.</p> <p>A “casual partner” is a man you have sex with but do not feel committed to or don't know very well.</p> <p><b>Refused = .R Don't know = .D</b></p>			<p><b>SAY:</b> Please describe this sex partner.</p> <p>A “main partner” is a man you have sex with and who you feel committed to above anyone else. This is a partner you would call your boyfriend, significant other, or life partner.</p> <p>A “casual partner” is a man you have sex with but do not feel committed to or don't know very well.</p>
<b>Question</b>	<b>Response</b>	<b>Skip Pattern</b>	<b>Question</b>
<p>16. Of the _____ <i>[insert number from Q15]</i> men you've had <i>[insert “oral or anal” if Q11 =0; insert “oral, vaginal, or anal” if Q11=1]</i> sex with in the past 12 months, how many of them were main partners?</p>	[ _____ ]	<p><i>If Q16 = Q15, skip to Say Box before Q18a.</i></p>	<p>16a. Was this man a main or a casual partner?</p> <p>Main partner..... <input type="checkbox"/> 1      <b>Skip to Say Box before Q18a</b></p> <p>Casual partner..... <input type="checkbox"/> 2      <b>Skip to Say Box before Q19a</b></p> <p>Refused to answer... <input type="checkbox"/> .R      <b>Skip to Q20</b></p> <p>Don't know..... <input type="checkbox"/> .D      <b>Skip to Q20</b></p>
<p>17. How many were casual partners?</p>	[ _____ ]	<p><i>If Q16 + Q17=Q15, skip to Say Box before Q18a.</i></p>	

**Skip Pattern for Multiple Male Partners:**

**If Q15>1 and Q16 in (0, .R, .D) and Q17=<1, then skip to say box before Q19a.**

**If Q15=1 and Q16a in (.2) then skip to say box before Q19a**

MA  
MA

**PARTNERS**

<b>MULTIPLE MAIN MALE PARTNERS</b> [Read questions in this column if Q16>1] Refused = .R, Don't know = .D			<b>ONE MAIN MALE PARTNER</b> [Read questions in this column if Q16=1 or Q16a=1] No = 0, Yes = 1, Refused = .R, Don't know = .D		
<b>SAY:</b> The next set of questions is about the _____ [insert number from Q16] male main sex partners you had in the past 12 months. Remember, a main sex partner is someone you feel committed to above anyone else.			<b>SAY:</b> The next set of questions is about the male main sex partner you had in the past 12 months. Remember, a main sex partner is someone you feel committed to above anyone else.		
<b>Question</b>	<b>Response</b>	<b>Skip Pattern</b>	<b>Question</b>	<b>Response</b>	<b>Skip Pattern</b>
[if Q11=0, then skip to 18c] 18a. Of your _____ [insert number from Q16] male main partners in the past 12 months, with how many did you have vaginal sex?	[_____]	<b>If 0, .R, or .D, skip to Q18c</b> <b>If 1, ask 18b in the one main partner column.</b>	[if Q11=0, then skip to 18c] 18a. In the past 12 months, did you have vaginal sex with this man?	[_____]	<b>If 0, .R, or .D, skip to Q18c</b>
18b. In the past 12 months, with how many of these _____ [insert number from Q18a] men did you have vaginal sex without using a condom?	[_____]		18b. In the past 12 months, did you have vaginal sex with him without using a condom?	[_____]	
18c. Of your _____ [insert number from Q16] male main partners in the past 12 months, with how many did you have anal sex?	[_____]	<b>If 0, .R, or .D, skip to Q18e.</b> <b>If 1, ask 18d in the one main partner column.</b>	18c. In the past 12 months, did you have anal sex with this man?	[_____]	<b>If 0, .R, or .D, skip to Q18e.</b>
18d. In the past 12 months, with how many of these _____ [insert number from Q18c] men did you have anal sex without using a condom?	[_____]		18d. In the past 12 months, did you have anal sex with him without using a condom?	[_____]	

<b>Question</b>	<b>Response</b>	<b>Skip Pattern</b>	<b>Question</b>	<b>Response</b>	<b>Skip Pattern</b>
18e. Of your _____ <i>[insert number from Q16]</i> male main partners in the past 12 months, how many did <u>you give</u> things like money or drugs in exchange for sex?	[_____]		18e. In the past 12 months, did <u>you give</u> this man things like money or drugs in exchange for sex?	[_____]	
18f. Of your _____ <i>[insert number from Q16]</i> male main partners in the past 12 months, how many <u>gave you</u> things like money or drugs in exchange for sex?	[_____]		18f. In the past 12 months, did this man <u>give you</u> things like money or drugs in exchange for sex?	[_____]	
18g. Of your _____ <i>[insert number from Q16]</i> male main partners, with how many did you have sex <u>for the first time</u> in the past 12 months?	[_____]	<p><i>If 0, .R, or .D AND Q16 is equal to 0, skip to Q20.</i></p> <p><i>Otherwise, if 0, .R, or .D, AND Q17 is not equal to 0, skip to Say Box before Q19a.</i></p> <p><i>Otherwise, if 1 ask Q18h in the one main partner column</i></p>	18g. Did you have sex with this man <u>for the first time</u> in the past 12 months?	[_____]	<p><i>If 0, .R, or .D AND Q16a=1 or Q17=0, skip to Q20.</i></p> <p><i>Otherwise, if 0, .R, or .D, AND Q17 is not equal to 0, .R, .D then skip to Say Box before Q19a.</i></p>
18h. With how many of these _____ <i>[insert number from Q18g]</i> men did you discuss BOTH your HIV status and their HIV status before you had sex for the first time?	[_____]		18h. Did you discuss BOTH your HIV status and his HIV status before you had sex for the first time?	[_____]	

**CASUAL PARTNERS**

<b>MULTIPLE CASUAL MALE PARTNERS</b> [Read questions in this column if Q17>1] Refused = .R, Don't know = .D			<b>ONE CASUAL MALE PARTNER</b> [Read questions in this column if Q17=1 or Q16a=2] No = 0, Yes = 1, Refused = .R, Don't know = .D		
<b>SAY:</b> The next set of questions is about the _____ [insert <b>number from Q17</b> ] male casual sex partners you had in the past 12 months. Remember, a casual sex partner is someone you do not feel committed to or don't know very well.			<b>SAY:</b> The next set of questions is about the male casual sex partner you had in the past 12 months. Remember, a casual sex partner is someone you do not feel committed to or don't know very well.		
<b>Question</b>	<b>Response</b>	<b>Skip Pattern</b>	<b>Question</b>	<b>Response</b>	<b>Skip Pattern</b>
[if Q11=0, then skip to 19c] 19a. Of your _____ [insert <b>number from Q17</b> ] male casual partners in the past 12 months, with how many did you have vaginal sex?	[_____]	<i>If 0, .R, or .D, skip to Q19c.</i>  <i>If 1 then ask 19b in the one casual partner column.</i>	[if Q11=0, then skip to 19c] 19a. In the past 12 months, did you have vaginal sex with this man?	[_____]	<i>If 0, .R, or .D, skip to Q19c.</i>
19b. In the past 12 months, with how many of these _____ [insert <b>number from Q19a</b> ] men did you have vaginal sex without using a condom?	[_____]		19b. In the past 12 months, did you have vaginal sex with him without using a condom?	[_____]	
19c. Of your _____ [insert <b>number from Q17</b> ] male casual partners in the past 12 months, with how many did you have anal sex?	[_____]	<i>If 0, .R, or .D, skip to Q19e.</i>  <i>If 1 then ask 19d in the one casual partner column.</i>	19c. In the past 12 months, did you have anal sex with this man?	[_____]	<i>If 0, .R, or .D, skip to Q19e.</i>
19d. In the past 12 months, with how many of these _____ [insert <b>number from Q19c</b> ] men did you have anal sex without using a condom?	[_____]		19d. In the past 12 months, did you have anal sex without using a condom?	[_____]	

<i>Question</i>	<i>Response</i>	<i>Skip Pattern</i>	<i>Question</i>	<i>Response</i>	<i>Skip Pattern</i>
19e. Of your _____ <b>[insert number from Q17]</b> male casual partners in the past 12 months, how many did <u>you give</u> things like money or drugs in exchange for sex?	[ ]		19e. In the past 12 months, did <u>you give</u> this man things like money or drugs in exchange for sex?	[ ]	
19f. Of your _____ <b>[insert number from Q17]</b> male casual partners in the past 12 months, how many <u>gave you</u> things like money or drugs in exchange for sex?	[ ]		19f. In the past 12 months, did <u>this man give you</u> things like money or drugs in exchange for sex?	[ ]	
19g. Of your _____ <b>[insert number from Q17]</b> male casual partners, with how many did you have sex <u>for the first time</u> in the past 12 months?	[ ]	<b><i>If 0, .R, or .D skip to Q20.</i></b>	19g. Did you have sex with this man <u>for the first time</u> in the past 12 months?	[ ]	<b><i>If 0, .R, or .D, skip to Q20.</i></b>
19h. With how many of these _____ <b>[insert number from Q19g]</b> men did you discuss BOTH your HIV status and their HIV status before you had sex for the first time?	[ ]		19h. Did you discuss BOTH your HIV status and his HIV status before you had sex for the first time?	[ ]	

20. In the past 12 months, has anyone ever forced you to have sex with them?

- No.....  0      Yes.....
- .....  1
- Refused to answer.....  .R
- Don't Know.....  .D

Last Male Sex Partner

21yy. Now we would like you to think about the last time you had sex with a man. In what year did you last have sex with a man?

Year: \_\_\_\_\_ [Refused = .R, Don't know = .D]

21mm. In [insert year from Q21yy here], in what month did you last have sex with a man?

Month: \_\_\_\_\_ [Refused = .R, Don't know = .D]

**Auto8 . Date of last sex with a man: 21mm/21yy**

***If Auto8 over 12 months ago skip to the female sex partner section  
If Q21YY = .REF or .DK or [Q21YY-year of interview > 0 and  
Q21MM=REF or DK] skip to the female sex partner section.***

22. Was the man you had sex with that last time a main or casual partner?

- Main sex partner.....  1
- Casual sex partner.....  2
- Refused to answer.....  .R
- Don't know.....  .D

23. When you had sex that last time, did you have sex with this partner in exchange for things like money, drugs, food, shelter or transportation?

- No.....  0
- .....  1
- Refused to answer.....  .R
- Don't Know.....  .D

***If Q23 is (0, .R, .D) and Q11c  
ne 1 then skip to Q27***

***If Q23 is (0, .R, .D) and Q11c  
=1 then skip to Q24***

23a. When you had sex that last time, did you give him things in exchange for sex or did he give you things in exchange for sex? **[Check only one.]**

- I gave him things in exchange for sex.....  0
- He gave me things in exchange for sex .....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q23a is (0, .R, .D) and Q11c  
ne 1 then skip to Q27***

***If Q23a is (0, .R, .D) and Q11c  
=1 then skip to Q24***

23b. What did he give you in exchange for sex? *[Check all that apply.]*

- Money .....  1
- Drugs.....  2
- Shelter or a place to stay.....  3
- Something else (*Specify:*\_\_\_\_\_)......  4
- Refused to answer.....  .R
- Don't know.....  .D

***If Q11 ne 1 then skip to Q27***

24. Think about the last man you had sex with. When you had sex that last time, did you have vaginal sex?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q24 is (0, .R, .D)  
then skip to Q27***

25. During vaginal sex that last time, did you use a condom?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q25 is (0, .R, .D)  
then skip to Q27***

25a. Did you use the condom the whole time?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

26. Think about the last man you had sex with. During the past 12 months, how comfortable were you asking this partner to use a condom during vaginal sex? Were you:
- Very comfortable.....  1
- Somewhat comfortable.....  2
- Not comfortable.....  3
- You did not use a condom.....  4
- Refused to answer.....  .R
- Don't Know.....  .D

27. The last time you had sex with a man, did you have receptive anal sex where he put his penis in your anus (butt)?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q27 is (0, .R, .D) then skip to Q29***

28. During receptive anal sex that last time, did he use a condom?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q28 is (0, .R, .D) then skip to Q29***

- 28a. Did he use the condom the whole time?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

29. The last time you had sex with a man, did you have insertive anal sex where you put your penis in his anus (butt)?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q29=1 then skip to Q30***

***Skip Pattern: If Q29 is (0, .R, .D) then ask Q29a.***

- 29a. So this means that you only had oral sex the last time you had sex. Is that correct?
- No.....  0
- Yes.....  1

***If Q29a=1 then skip to Q32***



Refused to answer.....  .R

Don't know.....  .D

**Skip Pattern: If Q29a is (0, .R, .D) then skip to Q31.**

30. During insertive anal sex, the last time you had sex, did you use a condom?

No.....  0

Yes.....  1

Refused to answer.....  .R

Don't know.....  .D

**If Q30 is (0, .R, .D)  
then skip to Q31**

30a. Did you use the condom the whole time?

No.....  0

Yes.....  1

Refused to answer.....  .R

Don't know.....  .D

31. Think about the last man you had sex with. During the past 12 months, how comfortable were you asking this last partner to use a condom during anal sex?

Were you:

Very comfortable.....  1

Somewhat comfortable.....  2

Not comfortable .....  3

You did not use a condom.....  4

Refused to answer.....  .R

Don't Know.....  .D

32. Before or during the last time you had sex with this partner, did you use:  
**[Check only one.]**

- Alcohol.....  1
- .....  2
- Alcohol and drugs .....  3
- Neither one.....  4
- Refused to answer.....  .R
- Don't know.....  .D

**Drugs**

**If Q32 is (1, .R, .D) then skip to Q33**

32a. Which drugs did you use? **[Check all that apply.]**

- Marijuana .....  1
- Speedballs (heroin and cocaine together) .....  2
- Heroin .....  3
- Crack Cocaine.....  4
- Powdered cocaine .....  5
- Crystal meth (tina, crank, ice) .....  6
- X or Ecstasy .....  7
- Special K (ketamine) .....  8
- GHB .....  9
- Painkillers (Oxycontin, Vicodin, Percocet) .....  10
- Downers (Valium, Ativan, Xanax) .....  11
- Hallucinogens (LSD, mushrooms) .....  12
- Poppers .....  13
- Viagra, Levitra, Cialis.....  14
- Other drug (**Specify:** \_\_\_\_\_) .....  15
- Refused to answer.....  .R
- Don't know.....  .D

33. The last time you had sex with this partner, did you know his HIV status?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q33 is (0, .R, .D)  
then skip to Q34***

33a. What was his HIV status?

- HIV-negative.....  1
- HIV-positive.....  2
- Indeterminate.....  3
- Refused to answer.....  .R

34. Was this partner younger than you, older than you, or the same age as you?

- Younger .....  0
- Older.....  1
- About the same age.....  2
- Refused to answer.....  .R
- Don't know.....  .D

***If Q34 is (0, .R, .D)  
then skip to Q35***

34a. What was his age?

***[Refused=.R, Don't know=.D]***

35. Have you ever talked to this partner about you being transgender?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

36. Has this partner ever injected drugs like heroin, cocaine, or speed?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

37. Has this partner ever used crack cocaine?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D
38. Has this partner ever been in prison or jail for more than 24 hours?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**Skip Pattern: If Q22 is (2, .R, .D) then skip to Q41.**

39. How long have you been having a sexual relationship with this partner?
- Less than a year.....  1
- About a year.....  2
- More than a year, but less than 3 years.....  3
- More than 3 years.....  4
- Refused to answer.....  .R
- Don't know.....  .D

**If Q39 is (.R, .D) then skip to Q41**

**If Q39 is (3, 4) then skip to Q39b**

- 39a. As far as you know, during the time you were having a sexual relationship with this partner, did he have sex with other people? Would you say he: **[Check only one.]**
- Definitely did not.....  0
- Probably did not.....  1
- Probably did.....  2
- Definitely did .....  3
- Refused to answer.....  R
- Don't know.....  D

**If Q39 is (1, 2) then skip to Q40**

- 39b. As far as you know, during the past 12 months when you were having a sexual relationship with this partner, did he have sex with other people? Would you say he: **[Read choices, Check only one.]**
- Definitely did not.....  0
- Probably did not.....  1
- Probably did.....  2

- Definitely did .....  3
- Refused to answer.....  R
- Don't know.....  D

**If Q39 is (3, 4) then skip to Q40a**

40. During the time you were having a sexual relationship with this partner, did you have sex with other people?
- No.....  0
  - Yes.....  1
  - Refused to answer.....  .R
  - Don't know.....  .D

**If Q39 is (1, 2) then skip to Q41**

- 40a. During the past 12 months when you were having a sexual relationship with this partner, did you have sex with other people?
- No.....  0
  - Yes.....  1
  - Refused to answer.....  .R
  - Don't know.....  .D

**If Q39 is (4) then skip to Q42**

41. Where did you first meet this partner? **[Check only one.]**

- On the internet.....  01
- At a ball.....  02
- At a bar or club.....  03
- On the stroll or while doing sex work.....  04
- Through friend(s).....  05
- Somewhere else (Specify: \_\_\_\_\_)  06
- Refused to answer.....  .R
- Don't know.....  .D



**Female Sex Partners**

**If Q11=0 then skip to say box before Q43alt**

**If Q11=1 SAY:** Now we would like to ask you some questions about having sex with women. Some of the questions may not apply to you. Please remember your answers will be kept private.

For these questions, "having sex" means oral, vaginal, or anal sex. Oral sex means your partner put her mouth on your vagina or you put your mouth on her vagina.

43. Have you ever had sex with a woman?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q43 is (0, .R, .D) then skip to Say Box before Q44**

**If Q43 is (1) then skip to Q43a**

**If Q11=0 SAY:** Now we would like to ask you some questions about having sex with women. Some of the questions may not apply to you. Please remember your answers will be kept private.

For these questions, "having sex" means oral or anal sex. Oral sex means your partner put her mouth on your penis or you put your mouth on her vagina. Anal sex means you put your penis in her anus (butt).

43(alt). Have you ever had oral, vaginal, or anal sex with a woman?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q43(alt) is (0, .R, .D) then skip to Say Box before Q44**

43a. How old were you the first time you had oral, vaginal, or anal sex with a woman?

\_\_\_ years **[Refused=.R, Don't know=.D]**

43b. In the past 12 months, with how many different women have you had vaginal or anal sex?

\_\_\_ **[Refused = .R, Don't know = .D]**

**If Q43b is (0, .R, .D) then skip to Say Box before Q44;  
If Q43b is (1) then skip to Q43d**

Multiple sex partners

43c. In the past 12 months, with how many of these \_\_\_\_\_ **[insert number from Q43b]** women did you have vaginal or anal sex without using a condom?

\_\_\_\_\_ **[Refused = .R, Don't know = .D]**

**If Q43b is greater than 1, Skip to Say Box before Q44**

Single sex partner

43d. In the past 12 months, did you have vaginal or anal sex with her without using a condom?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

## Transgender Partners

**SAY:** The next questions are about transgender persons with whom you have had sex. By “transgender” we mean persons who were born either male or female but who identify or live as the opposite gender. Your answers to these questions will help us understand how to ask about sexual behaviors with transgender persons in future surveys.

44. In the past 12 months, with how many different transgender persons have you had vaginal or anal sex?  
\_\_\_\_\_ [Refused = .R, Don't know = .D]

If Q44 is (0, .R, .D) then skip to Say Box before Q45  
If Q44 is (1) then skip to Q44c

### Multiple sex partners

- 44a. In the past 12 months, with how many of these \_\_\_\_\_ [insert number from Q44] persons did you have vaginal or anal sex without using a condom?  
\_\_\_\_\_ [Refused = .R, Don't know = .D]

- 44b. Did you include any of these \_\_\_\_\_ [insert number from Q44] persons among your male and female sex partners in the earlier questions about sex partners?

No .....  0  
Yes.....  1  
Refused to answer.....  .R  
Don't know.....  .D

If Q44b is (0 1 .D .R), skip to Q44e

### Single sex partner

- 44c. In the past 12 months, did you have vaginal or anal sex with this person without using a condom?

No .....  0  
Yes.....  1  
Refused to answer.....  .R  
Don't know.....  .D



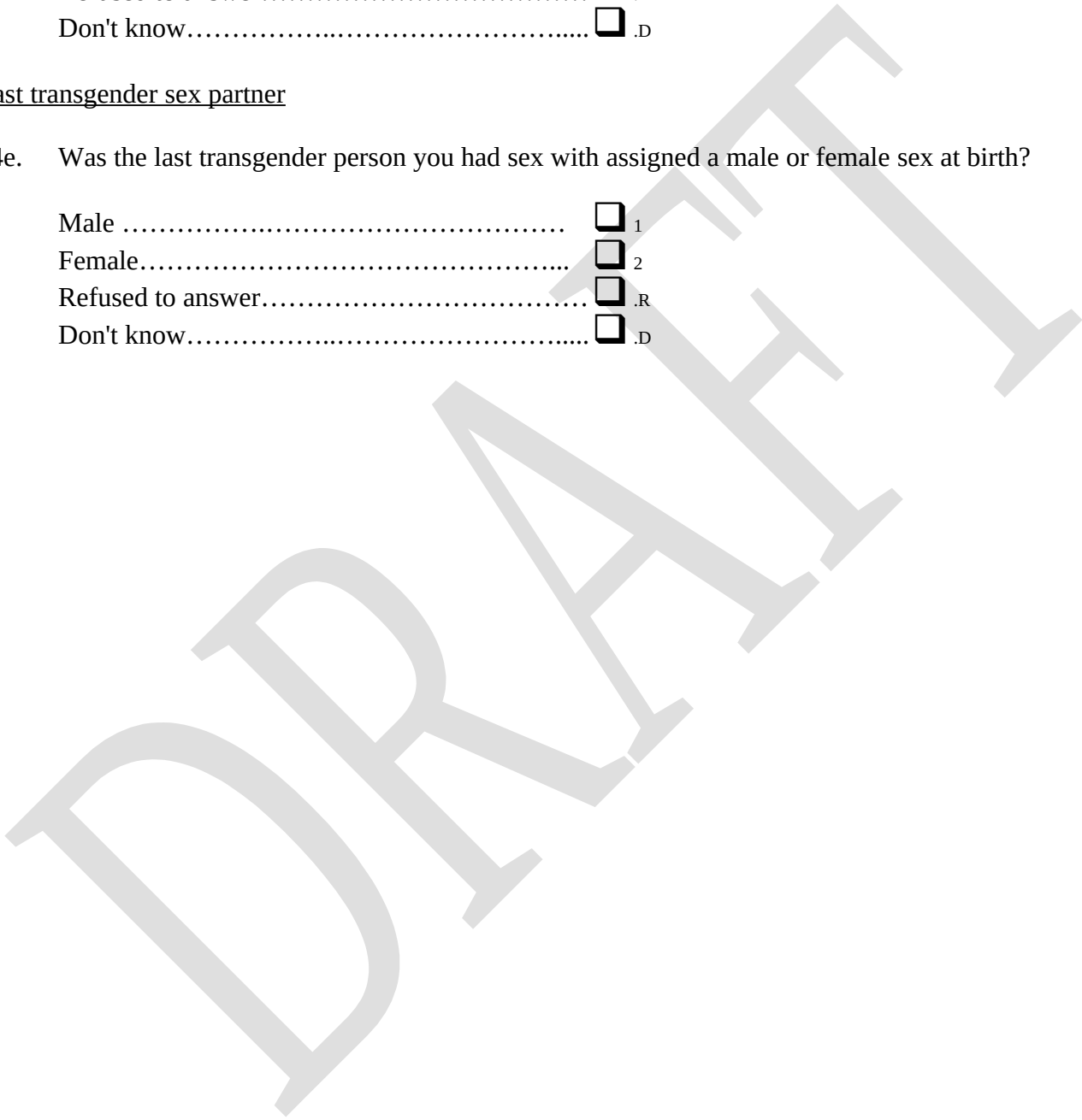
44d. Did you include this person among your male and female sex partners in the earlier questions about sex partners?

- No .....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

Last transgender sex partner

44e. Was the last transgender person you had sex with assigned a male or female sex at birth?

- Male .....  1
- Female.....  2
- Refused to answer.....  .R
- Don't know.....  .D



## ALCOHOL USE HISTORY

**SAY:** The next questions are about alcohol use. Please remember your answers will be kept private. For these questions, "a drink of alcohol" means a 12 oz beer, a 5 oz glass of wine, or a 1.5 oz shot of liquor.



**1 Regular Beer**  
12 oz.



**1 Glass of Wine**  
5 oz.



**1 Shot of Liquor**  
(Whisky, Vodka, Gin, etc.) 1.5 oz.

45. In the past 12 months, did you drink any alcohol such as beer, wine, malt liquor, or hard liquor?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**Q45 is (0, .R, .D) then skip to Say Box before Q46**

45a. In the past 30 days, on how many days did you drink any alcohol?

*[Refused =.R, Don't know=.D]*

— —

**If Q45a is (0, .R, .D) then  
skip to Say Box before Q46**

45b. On the days when you drank alcohol in the past 30 days, about how many drinks did you have on average?

*[Refused =.R, Don't know=.D]*

— —

45c. In the past 30 days, how many times did you have 5 or more alcoholic drinks in one sitting?

*[Refused =.R, Don't know=.D]*

— —

DRAFT

# DRUG USE HISTORY

## HORMONES and SILICONE

**SAY:** The next questions are about hormone use. This means hormones that you have used to change your body to make it more feminine in appearance.

46. Have you ever used hormones to change your body? This would include hormones that are applied topically, taken orally, or injected. "Applied topically" means hormones are applied to the skin.

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q46 is (0, .R, .D) then skip to Say Box before Q64*

47. Did you use these hormones in the past 12 months?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

*If Q47 is (0, .R, .D) then skip to Say Box before Q64*

47a. Are you currently receiving hormone therapy under the supervision of a healthcare provider?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

48. Have you ever injected or been injected with hormones?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

*If Q48 is (0, .R, .D) then skip to Say Box before Q64*

49yy. In what year was your last hormone injection?

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ [Refused = .R, Don't know = .D]

49mm. In [insert year from Q49yy here], in what month was your last hormone injection?

Month: \_\_\_\_ \_\_\_\_ [Refused = .R, Don't know = .D]

**AUTO9: Date of last hormone injection: 49mm/49yy**

**If Auto9 is over 12 months ago skip to Say Box before Q64  
If Q49YY = .REF or .DK or [Q49YY-year of interview > 0 and  
Q49MM=REF or DK] skip to Say Box before Q64**

50. How often did you get hormone injections in the past 12 months?  
**[Check only one.]**

- More than once a month (or twice a week)..... 1
- Once a month..... 2
- Less than once a month..... 3
- Refused to answer..... .R
- Don't know..... .D

51. How are you getting hormones for your injections? **[Check all that apply.]**

- Through a prescription from a doctor .....  1
- Off the Internet.....  2
- From someone on the street .....  3
- From a friend .....  4
- Other .....  5
- (Specify \_\_\_\_\_)
- Refused to answer.....  .R
- Don't know.....  .D

52. In the last 12 months, who performed the hormone injections? *[Check all that apply.]*

- Myself .....  1
- Doctor or nurse in the US .....  2
- Doctor or nurse in another country .....  3
- A person who is not a doctor or nurse but regularly performs  
this service for transgender people .....  4
- A friend .....  5
- Other (*Specify* \_\_\_\_\_).....  6
- Refused to answer.....  .R
- Don't know.....  .D

***If Q52 not =1 then skip to Q54***

**Say:** In the past 12 months when you injected yourself with hormones, where did you get the needles for the injections?

- |  | No                            | Yes                           | RF                           | DK                          |
|--|-------------------------------|-------------------------------|------------------------------|-----------------------------|
| 53a. Did you get needles for hormone injections from a pharmacy or drug store?                         | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 53b. Did you get needles for hormone injections from a doctor's office, clinic, or hospital?           | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 53c. Did you get needles for hormone injections from a friend, acquaintance, relative, or sex partner? | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 53d. Did you get them from a needle or drug dealer, shooting gallery, hit house, or off the street?    | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 53e. Did you get needles for hormone injections from a needle exchange program?                        | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 53f. Did you get needles for hormone injections from off the internet?                                 | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 53g. Did you get your needles for hormone injections from any other places?                            | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |

***If Q53g is (0, .R, .D) then skip to Q54***

53h. Where else have you gotten needles for hormone injections? \_\_\_\_\_

54. In the past 12 months when you got hormone injections, how often were new, sterile needles used? A new, sterile needle is a needle that has never used before by anyone, even you.  
**[Check only one.]**

- Never..... 0
- Rarely..... 1
- About half the time..... 2
- Most of the time..... 3
- Always..... 4
- Refused to answer..... .R
- Don't know..... .D

54a In the past 12 months when you got hormone injections, have you shared a vial of hormones with someone else?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q54a is (0, .R., .D)  
 then skip to  
 Say Box before Q55*

54b When you shared a vial of hormones with someone else, did you use the hormones in the vial after someone else did?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q54b is (0, .R., .D)  
 then skip to  
 Say Box before Q55*

54c In the past 12 months, how often did the person, who used the same vial before you, use a new, sterile needle? A new, sterile needle is a needle that has never used before by anyone, even you.

- Never.....  0
- Rarely.....  1
- About half the time.....  2
- Most of the time.....  3
- Always.....  4
- Refused to answer.....  .R
- Don't know.....  .D

55. Have you ever gotten a hormone injection at the same time that at least one other person did?  
 No.....  0  
 Yes.....  1  
 Refused to answer.....  .R  
 Don't know.....  .D

**If Q55 is (0, .R., .D) then skip to Say Box before Q64**

56. In the past 12 months, with how many people did you use a needle after someone else had injected hormones with it?  
**[Refused = .R, Don't know = .D]    \_ \_ \_**

Last time injected hormones with someone

- 57yy. In what year did you last get a hormone injection at the same time that at least one other person did?

Year: \_ \_ \_ \_    **[Refused = .R, Don't know = .D]**

- 57mm. In **[insert year from Q57yy here]**, in what month was the last time you got a hormone injection at the same time that at least one other person did?

Month: \_ \_    **[Refused = .R, Don't know = .D]**

**AUTO10: Date last injected hormones together: 57mm/57yy**

**If Auto10 is over 12 months ago skip to Say Box before Q64  
 If Q57YY = .REF or .DK or [Q57YY-year of interview > 0 and Q57MM=REF or DK] skip to Say Box before Q64**

**SAY:** The next questions are about the last time you got a hormone injection at the same time that at least one other person also got an injection.

58. At that time, how many other persons were getting hormone injections besides yourself?  
**[Refused = .R, Don't know = .D]    \_ \_ \_**

59. At that time, did you use the same needle that at least one other person did?  
 No.....  0  
 Yes.....  1  
 Refused to answer.....  .R  
 Don't know.....  .D

**If Q59 in (1, .R, .D) then skip to Q60**



**SAY:** A new, sterile needle is a needle that has never used before by anyone, even you. Think about the last time you were injected with hormones at the same time someone else was injected.

59a. During this last time, did you get injected with a new sterile needle? A new, sterile needle is a needle never used before by anyone, even you.

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

60. That last time you got injected at the same time as someone else, did you use a vial of hormones after someone else did?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q58>1 then skip to Say Box before Q64;  
If Q59=0 and Q60=0 then skip to Say Box before Q64***

**SAY:** Think about the last time you got a hormone injection at the same time someone else also got an injection. The next questions are about that person who got a hormone injection at the same time you did.

61. Did you know the HIV status of the person you were injecting with?  
No.....  0 Yes....  
.....  1  
Refused to answer.....  .R  
Don't know.....  .D
- 61a. What was their HIV status?  
HIV-negative.....  1  
HIV-positive.....  2  
Indeterminate.....  3  
Refused to answer.....  .R
62. Did you know if they had been tested for hepatitis C?  
No.....  0  
Yes.....  1  
Refused to answer.....  .R  
Don't know.....  .D
- 62a. What was the result of their hepatitis C test?  
Negative.....  1 Positive.....  
.....  2  
Refused to answer.....  .R

63. Think about the person who got a hormone injection at the same time you did. Which of the following **best** describes your relationship to this person? Would you say this person was a: **[Check only one.]**

- Sex partner .....  1
- Friend or acquaintance .....  2
- Relative .....  3
- A person with access to needles or hormones..  4
- Stranger.....  5
- Other (specify \_\_\_\_\_).....  6
- Refused to answer.....  .R
- Don't know.....  .D

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**SAY:** The next questions are about substances like silicone that are injected to change the shape of the body.

64. Have you ever injected, or been injected with, a substance like silicone to change the shape of your body?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

*If Q64 is (0, .R, .D) then skip to Say Box before Q76*

65. What substances did you inject to change the shape of your body?

- Silicone .....  1
- Some other substance.....  2
- Silicone and some other substance.....  3
- Refused to answer.....  .R
- Don't know.....  .D

*If Q65 is (.R, .D) then skip to Say Box before Q76*

*If Q65 =1 then skip to Q66yy*

- 65a. What were these other substances?

\_\_\_\_\_ (*Refused=.R; Don't know=.D*)

- 66yy. In what year was the last time you got injected with [*insert "Silicone or some other substance" if Q65=1 or 3; "this substance" if Q65=2* ]?

Year: \_\_\_\_\_ [*Refused = .R, Don't know = .D*]

- 66mm. In [*insert year from Q66yy here*], in what month was the last time you got injected with [*insert "Silicone or some other substance" if Q65=1 or 3; "this substance" if Q65=2* ]?

Month: \_\_\_\_\_ [*Refused = .R, Don't know = .D*]

**AUTO11: Date of last silicone injection: 66mm/66yy**

*If AUTO11 is over 12 months ago then skip to Say Box before Q76*

*If Q66YY = .REF or .DK or [Q66YY-year of interview > 0 and Q66MM=REF or DK] skip to Say Box before Q76*

67. In the past 12 months, how often were you injected with silicone or some other substance to change your appearance?  
**[Check only one.]**

- Never..... 0
- Once ..... 1
- Twice..... 2
- 3 to 5 times..... 3
- 5 to 10 times..... 4
- More than 10 times..... 5
- Refused to answer..... .R
- Don't know..... .D

**If Q67 is (0) then skip to Say Box before Q76**

68. Where did you get *[insert “the Silicone and the other substance(s)” if Q65=3; “Silicone” if Q65=1; “this substance” if Q65=2]*? **[Check all that apply.]**

- Through a prescription from a doctor .....  1
- From someone on the street .....  2
- From a friend .....  3
- Other .....  4  
 (Specify \_\_\_\_\_)
- Refused to answer.....  .R
- Don't know.....  .D

69. In the last 12 months, who performed the injections? **[Check all that apply.]**

- Doctor or nurse in the US .....  1
- Doctor or nurse in another country .....  2
- A person who is not a doctor or nurse but regularly performs this service for transgender people .....  3
- A friend .....  4
- Myself .....  5
- Other (*Specify* \_\_\_\_\_).....  6
- Refused to answer.....  .R
- Don't know.....  .D

**If Q69 not = 1 then skip to Q71**

**Say:** In the past 12 months when you injected yourself with Silicone or some other substance, where did you get the needles for the injections?

- |   | No                            | Yes                           | RF                           | DK                          |
|---|-------------------------------|-------------------------------|------------------------------|-----------------------------|
| 70a. Did you get needles for silicone injections from a pharmacy or drug store?                         | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 70b. Did you get needles for silicone injections from a doctor's office, clinic, or hospital?           | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 70c. Did you get needles for silicone injections from a friend, acquaintance, relative, or sex partner? | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 70d. Did you get them from a needle or drug dealer, shooting gallery, hit house, or off the street?     | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 70e. Did you get needles for silicone injections from a needle exchange program?                        | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 70f. Did you get needles for silicone injections from off the internet?                                 | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 70g. Did you get your needles for silicone injections from any other places?                            | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |

**If Q70g is (0, .R, .D) then skip to Q71**

- 70h. Where else have you gotten needles for silicone injections? \_\_\_\_\_
71. A new, sterile needle is a needle never used before by anyone, even you. In the past 12 months when you were injected with *[insert "Silicone or some other substance" if Q65=1 or 3; "this substance" if Q65=2]*, how often was a new, sterile needle?  
**[Check only one.]**
- |                          |    |
|--------------------------|----|
| Never.....               | 0  |
| Rarely.....              | 1  |
| About half the time..... | 2  |
| Most of the time.....    | 3  |
| Always.....              | 4  |
| Refused to answer.....   | .R |
| Don't know.....          | .D |

72. In the past 12 months, have you ever gotten injected with *[insert "Silicone or some other substance" if Q65=1 or 3; "this substance" if Q65=2]* at the same time that at least one other person got injected?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q72 in (0, .R, .D) then skip to Say Box before Q76**

73yy. In what year did you last get injected with *[insert "Silicone or some other substance" if Q65=1 or 3; "this substance" if Q65=2]*, at the same time that at least one other person got injected?

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ *[Refused = .R, Don't know = .D]*

73mm. In *[insert year from Q73yy here]*, in what month was the last time you got injected with *[insert "Silicone or some other substance" if Q65=1 or 3; "this substance" if Q65=2]*, at the same time as someone else?

Month: \_\_\_\_ \_\_\_\_ *[Refused = .R, Don't know = .D]*

**AUTO12: Date last shared silicone injection with someone. 73mm/73yy**

**SAY:** The next questions are about this **last time** you got injections of *[insert "Silicone or some other substance" if Q65=3; "this substance" if Q65=2]*, at the same time as at least one other person did.

74. At that time, how many other persons were also getting injections besides yourself?

*[Refused = .R, Don't know = .D]* \_\_\_\_ \_\_\_\_

75. At that time, did you get injected using a new, sterile needle? A new, sterile needle is a needle never used before by anyone, even you.

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

## Injection Drug Use

**SAY:** The next questions are about injection drug use. This means injecting drugs yourself or having someone who isn't a health care provider inject you. It does not include drugs that were prescribed to you. It does not mean hormone or silicone injections. Please remember your answers will be kept private.

76. Have you ever in your life shot up or injected any drugs other than those prescribed for you? By shooting up, we mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.

No.....  0

Yes.....  1

Refused to answer.....  .R

Don't know.....  .D

**If Q76 is (0, .R, .D) then skip to Say Box before Q95**

76a. Think back to the very first time you injected any drugs, other than those prescribed for you. How old were you when you first injected any drug other than hormones or silicone?

**[Refused = .R, Don't know = .D]**    \_\_\_ \_\_\_ years old

76yy. In what year did you last inject any drug other than hormones or silicone?

Year: \_\_\_ \_\_\_ \_\_\_ **[Refused = .R, Don't know = .D]**

76mm. In **[insert year from Q76yy here]**, in what month did you last inject any drug other than hormones or silicone?

Month: \_\_\_ \_\_\_ **[Refused = .R, Don't know = .D]**

**AUTO13: Date of last drug injection: 76mm/76yy**

**If AUTO13 > 12 months then skip to Say Box before Q95**



**SAY:** The next questions are about injection drug use in the past 12 months. The word "needles" means both needles and syringes. In the past 12 months when you injected, did you get your needles at any of the following places?

- |   | No                            | Yes                           | RF                           | DK                          |
|---|-------------------------------|-------------------------------|------------------------------|-----------------------------|
| 77a. Did you get needles for injecting drugs from a pharmacy or drug store?                         | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 77b. Did you get needles for injecting drugs from a doctor's office, clinic, or hospital?           | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 77c. Did you get needles for injecting drugs from a friend, acquaintance, relative, or sex partner? | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 77d. Did you get them from a needle or drug dealer, shooting gallery, hit house, or off the street? | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 77e. Did you get needles for injecting drugs from a needle exchange program?                        | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 77f. Did you get needles for silicone injections from off the internet?                             | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 77g. Did you get your needles for injecting drugs from any other places?                            | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| 77h. Where else have you gotten needles to inject drugs? _____                                      |                               |                               |                              |                             |

**If Q77g is (0, .R, .D) then skip to Q78**

78. A new, sterile needle is a needle never used before by anyone, even you. In the past 12 months when you injected, how often did you use a new, sterile needle?

**[Check only one.]**

- Never.....  0
- Rarely.....  1
- About half the time.....  2
- Most of the time.....  3
- Always.....  4
- Refused to answer.....  .R
- Don't know.....  .D

**SAY:** Next are questions about how often you might have injected drugs in the past 12 months. Please remember your answers will be kept private. In the past 12 months, how often did you inject:

- |  | Didn't | More than once a use | Once a day | More than once a day | Once a week | More than once a week | Once a month | Less than once a month | Refused month |
|--|--------|----------------------|------------|----------------------|-------------|-----------------------|--------------|------------------------|---------------|
|--|--------|----------------------|------------|----------------------|-------------|-----------------------|--------------|------------------------|---------------|
- to answer
- 79a. Heroin and cocaine together (speedballs).. 00.. 01.....02.....03.....04.....05.....06.....07......R
- 79b. Heroin alone..... 00...01.....02.....03.....04.....05.....06.....07......R
- 79c. Powdered cocaine alone..... 00...01.....02.....03.....04.....05.....06.....07......R
- 79d. Crack cocaine..... 00...01.....02.....03.....04.....05.....06.....07......R
- 79e. Crystal meth (tina, crank, or ice)..... 00.. 01.....02.....03.....04.....05.....06.....07......R
- 79f. Oxycontin..... 00...01.....02.....03.....04.....05.....06.....07......R
- 79g. Other injected drug... 00...01.....02.....03.....04.....05.....06.....07......R  
(Specify \_\_\_\_\_)

**SAY:** Next are questions about your injecting behaviors in the past 12 months. Remember these questions do not include hormone or silicone injections.

80. In the past 12 months, with how many people did you use a needle after they injected with it?  
**[Refused = .R, Don't know = .D]**    \_ \_ \_
81. In the past 12 months, with how many people did you use the same cooker, cotton, or water that they had already used. By “water,” we mean water for rinsing needles or preparing drugs.  
**[Refused = .R, Don't know = .D]**    \_ \_ \_
82. In the past 12 months, with how many people did you use drugs that had been divided with a syringe that they had already used?  
**[Refused = .R, Don't know = .D]**    \_ \_ \_

83. In the past 12 months, how often did you use needles that someone else had already injected with? **[Check only one.]**

- Never.....  0
- Rarely.....  1
- About half the time.....  2
- Most of the time.....  3
- Always.....  4
- Refused to answer.....  .R
- Don't know.....  .D

84. In the past 12 months when you injected, how often did you use cookers, cottons, or water that someone else had already used? **[Read choices, Check only one.]**

- Never.....  0
- Rarely.....  1
- About half the time.....  2
- Most of the time.....  3
- Always.....  4
- Refused to answer.....  .R

85. During the past 12 months when you injected, how often did you use drugs that had been divided with a syringe that someone else had already injected with? **[Check only one.]**

- Never.....  0
- Rarely.....  1
- About half the time.....  2
- Most of the time.....  3
- Always.....  4
- Refused to answer.....  .R
- Don't know.....  .D

**SAY:** The next questions are about the **last time** you injected drugs, not including hormones, with someone else.

86yy. What year was the last time you injected drugs with someone?

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ [Refused = .R, Don't know = .D]

86mm. In [Insert year from Q86yy], in what month did you last inject drugs with someone?

Month: \_\_\_\_ \_\_\_\_ [Refused = .R, Don't know = .D]

**AUTO14. Date of last IDU: 86mm/86yy**

**If Q80 = 0 then skip to Q88**

87. The last time you injected with this person, did you use a needle after they injected with it?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q87 = 1 then skip to**

87a. A new, sterile needle is a needle never used before by anyone, even you. The last time you injected drugs, did you use a new sterile needle to inject?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q81 = 0 then skip to Q89**

88. Think about the last time you injected drugs at the same time as someone else. The last time you injected with this person, did you use the same cooker, cotton, or water that they had already used?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q82 = 0 then skip to Q90**

89. The last time you injected with this person, did you use drugs that had been divided with a syringe that they had already injected with?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**SAY:** The next questions are about this last person you injected with.

90. Is this person male, female, or transgender?
- Male.....  1
- Female.....  2
- Transgender, MTF.....  3
- Transgender, FTM.....  4
- Refused to answer.....  .R
- Don't know.....  .D

91. Has this person ever had sex with a man?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

92. The last time you injected with this person, did you know their HIV status?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q92 is (0, .R, .D) then skip to Q93***

- 92a. What was their HIV status?
- HIV-negative.....  1
- HIV-positive.....  2
- Indeterminate.....  3
- Refused to answer.....  .R

93. Think about the last person you injected drugs with. The last time you injected with this person, did you know if they had been tested for hepatitis C?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q93 is (0, .R, .D) then skip to Q94**

93a. What was the result of their hepatitis C test?

- Negative.....  1
- Positive.....  2
- Refused to answer.....  .R

94. Which of the following best describes your relationship to this person? Would you say this person was a: **[Check only one.]**

- Sex partner .....  1
- Friend or acquaintance .....  2
- Relative .....  3
- Needle or drug dealer.....  4
- Stranger.....  5
- Other (specify \_\_\_\_\_).....  6
- Refused to answer.....  .R
- Don't know.....  .D

## Non-Injection Drug Use

**SAY:** We would like to ask you about drugs that you may have used but did not inject. These drugs are referred to as non-injection drugs and include drugs like marijuana, crystal, cocaine, crack, club drugs, painkillers, or poppers. It does not include hormones. Please remember your answers will be kept private.

95. In the past 12 months, have you used any non-injection drugs, other than those prescribed for you?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q95 in (0) then skip to Say Box before Q98**

**SAY:** We would like to know how often you used some drugs in the past 12 months. When answering, do not include drugs you injected or drugs that were prescribed to you. In the past 12 months, how often did you use:

	Didn't use	More than once a day	Once a day	More than once a week	Once a week	More than once a month	Once a month	Less than once a month	Refused to answer
96a. Crystal meth (tina, crank, or ice)	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96b. Crack cocaine	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96c. Powdered cocaine that is smoked or snorted	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96d. Downers such as Valium, Ativan, or Xanax not prescribed to you	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96e. Painkillers such as Oxycontin, Vicodin, or Percocet not prescribed to you	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96f. Hallucinogens such as LSD or mushrooms	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96g. X or Ecstasy	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96h. Special K (ketamine)	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96i. GHB	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96j. Heroin that is smoked or snorted	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96k. Marijuana	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96l. Poppers ( amyl nitrate)	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
96m. Other drug (Specify_____)	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R

97. In the past 12 months, have you used Viagra, Levitra or Cialis?

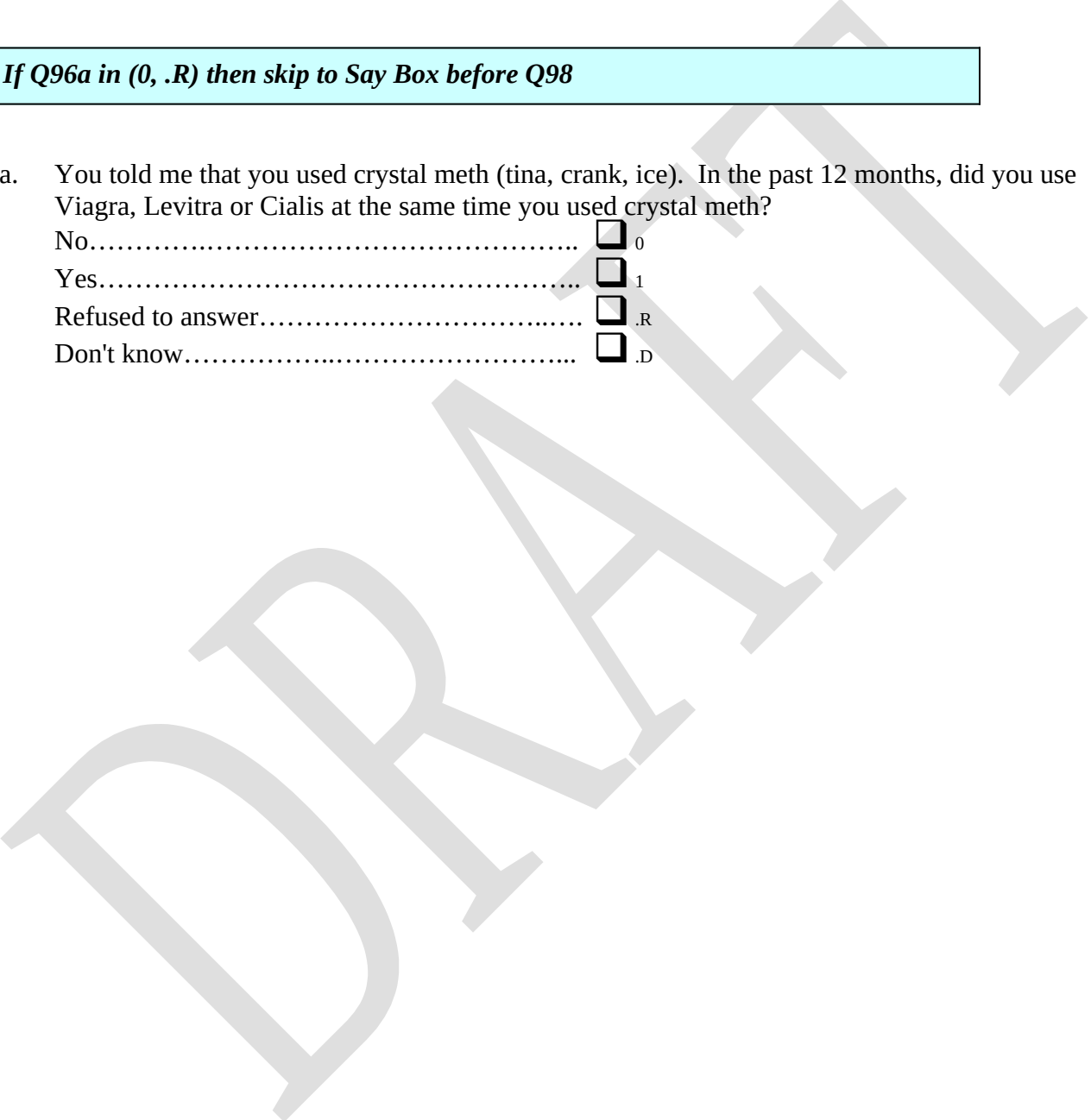
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q97 is (0, .R, .D) then skip to Say Box before Q98***

***If Q96a in (0, .R) then skip to Say Box before Q98***

97a. You told me that you used crystal meth (tina, crank, ice). In the past 12 months, did you use Viagra, Levitra or Cialis at the same time you used crystal meth?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D





## ALCOHOL AND DRUG TREATMENT

**SAY:** Next are questions about alcohol and drug treatment programs. These include out-patient, in-patient, and residential treatment programs; and detox, methadone treatment, or 12-step programs.

98. Have you ever participated in an alcohol or drug treatment program?

No.....  0

Yes.....  1

Refused to answer.....  .R

Don't know.....  .D

*If Q98 in (0, .R, .D) then  
skip to Say Box before Q99*

98a. Have you participated in an alcohol treatment program in the past 12 months?

No.....  0

Yes.....  1

Refused to answer.....  .R

Don't know.....  .D

98b. In the past 12 months, did you try to get into an alcohol treatment program but were unable to?

No.....  0

Yes.....  1

Refused to answer.....  .R

Don't know.....  .D

98c. Have you participated in a drug treatment program in the past 12 months?

No.....  0

Yes.....  1

Refused to answer.....  .R

Don't know.....  .D

98d. In the past 12 months, did you try to get into a drug treatment program but were unable to?

No.....  0

Yes.....  1

Refused to answer.....  .R

Don't know.....  .D

## HIV TESTING EXPERIENCES

**SAY:** The next questions are about getting tested for HIV. Remember, an HIV test checks whether someone has the virus that causes AIDS.

99. Have you ever been tested for HIV?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q99 in (0, .R, .D) then skip Instructions before Q113*

100yy. In what year was your first HIV test?

Year: \_\_\_\_\_ [Refused = .R, Don't know = .D]

100mm. In [*Insert year from Q100yy*], in what month was your first HIV test? ....

Month: \_\_\_\_\_ [Refused = .R, Don't know = .D]

**AUTO15. Date of first HIV test: 100mm/100yy**

101. In the past 2 years, that is, since [*insert calculated date 2 years prior to AUTO2*], how many times have you been tested for HIV?  
 [Refused = .R, Don't know = .D] \_\_\_\_\_

*If Q101 >1, skip to Q103.  
 If Q101 =1, then go to Q102  
 If Q101 is (0, .R, .D) then skip to Q113*

102. That time you got tested for HIV in the past 2 years, did you get the result of the test?  
 [Give dates as reference points if needed.]

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q102 is (0, .R, .D) then skip to Q104  
 If Q102 is=1, then skip to 105yy*

103. Of the \_\_\_\_ *[insert number from Q101]* times you were tested for HIV in the past 2 years, how many times did you get the results of those tests?

*[Refused = .R, Don't know = .D]*    \_\_\_\_

**If Q101= Q103 or Q103 in (.R, .D) then skip to Q105**

104. Think about the last time you didn't get your HIV test result. What was the main reason you didn't get your result? *[Choose only one reason type.]*

- It is too soon, the results are not available yet.....  01
- You thought someone would contact you.....  02
- You are afraid of getting a positive result.....  03
- You are too busy to get your result.....  04
- You forgot to get your results.....  05
- Staff at testing site are not transgender sensitive.....  06
- You don't care care about result.....  07
- You were in jail and got released before getting result.....  08
- Testing location has an inconvenient location or hours.....  09
- You lost appointment card, paperwork, or ID number .....  10
- Other.....  11
- Refused.....  .R
- Don't know.....  .D

105yy. In what year was your most recent HIV test?

Year: \_\_\_\_\_ *[Refused = .R, Don't know = .D]*

105mm. In *[Insert year from 105yy]*, in what month was your most recent HIV test?

Month: \_\_\_\_\_ *[Refused = .R, Don't know = .D]*

**AUTO16. Date of most recent HIV test: 105mm/105yy**

**If Q105YY = .REF or .DK or [Q105YY-year of interview =1 and Q105MM=REF or DK] then ask the followinga confirmation auestion. Otherwise skin to O106:**

105\_confirmation. Was your most recent HIV test in the past 12 months?

- No.....  0
- Yes.....  1

- Refused to answer.....  .R  
 Don't know.....  .D

***If AUTO16- AUTO2 (interview date) is > 5 years ago then skip to Q111.***

106. When you got tested in \_\_\_\_/\_\_\_\_ *[insert date from AUTO16]*, where did you get tested?

- Doctor's office.....  01
- Hospital or medical center.....  02
- HIV organization.....  03
- Community public health clinic.....  04
- Needle exchange program.....  05
- Mobile HIV testing unit .....  06
- Correctional facility (jail or prison).....  07
- Drug treatment program.....  08
- At home.....  09
- Other.....  10
- Refused.....  .R
- Don't know.....  .D

***If Q106 is not 02, then skip to Q107.***

106a. You indicated you were tested in a hospital or medical center in \_\_\_\_/\_\_\_\_ *[insert date from AUTO16]*, was it while inpatient, in the emergency room, or in another outpatient facility?

- Inpatient.....  01
- In the emergency room.....  02
- Another outpatient facility.....  03
- Refused.....  .R
- Don't know.....  .D

**Say:** The next questions are about reasons why people get tested for HIV. When you got tested in \_\_\_\_/\_\_\_\_ *[insert date from AUTO16]*, why did you get tested:

- |  | No                          | Yes                        | Refused to answer           | Don't know                  |
|--|-----------------------------|----------------------------|-----------------------------|-----------------------------|
| 107a. Because you thought or were worried you might have been exposed to HIV in the 6 months before the test?.....   | <input type="checkbox"/> 0  | <input type="checkbox"/> 1 | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 107b. Because you get tested on a regular basis and it was time for you to get tested again?.....  | <input type="checkbox"/> 0  | <input type="checkbox"/> 1 | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 107c. Because you were just checking to make sure you were HIV negative?.....  | <input type="checkbox"/> 0  | <input type="checkbox"/> 1 | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 107d. Because your doctor or health care provider recommended you get tested?.....   | <input type="checkbox"/> 0  | <input type="checkbox"/> 1 | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 107e. Because you were required to get tested by either insurance, the military, a court order, or by some other agency?.....  | <input type="checkbox"/> 0  | <input type="checkbox"/> 1 | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 107f. Because there was some other reason you wanted to get tested?.....<br>(Specify other reason _____)   | <input type="checkbox"/> 0  | <input type="checkbox"/> 1 | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 108. An anonymous HIV test means you were not required to give your name to get tested. You may have been given an identification number or code to get your test results. When you got tested in ____ / ____ <i>[insert date from AUTO16]</i> , was it anonymous? |                             |                            |                             |                             |
| No.....  | <input type="checkbox"/> 0  |                            |                             |                             |
| Yes.....   | <input type="checkbox"/> 1  |                            |                             |                             |
| Refused to answer.....   | <input type="checkbox"/> .R |                            |                             |                             |
| Don't know.....  | <input type="checkbox"/> .D |                            |                             |                             |
| 109. When you got tested in ____/____ <i>[insert date from AUTO16]</i> , was it a rapid test where you could get your results within a couple of hours?  |                             |                            |                             |                             |
| No.....  | <input type="checkbox"/> 0  |                            |                             |                             |
| Yes.....   | <input type="checkbox"/> 1  |                            |                             |                             |
| Refused to answer.....   | <input type="checkbox"/> .R |                            |                             |                             |
| Don't know.....  | <input type="checkbox"/> .D |                            |                             |                             |

110. Did the test in \_\_\_\_/\_\_\_\_ *[insert date from AUTO16]* use a swab from your mouth, blood from your finger, or blood from your arm?

- Swab from mouth.....  1
- Blood from finger.....  2
- Blood from arm .....  3
- Other (specify \_\_\_\_\_).....  4
- Refuse to answer .....  .R
- Don't know .....  .D

111. What was the result of your most recent HIV test? *[Check only one.]*

- Negative.....  1
- Positive.....  2
- Never obtained results.....  3
- Indeterminate.....  4
- Refused to answer.....  .R
- Don't know.....  .D

*If Q111 =1 then skip to Instructions before Q113*

*If Q111 =2 then skip to Q115*

112. Before your test in \_\_\_\_/\_\_\_\_ *[insert date from AUTO16]*, did you ever test positive for HIV?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q112=1 then skip to Q116*



**Calculate months since last HIV TEST WAS DONE: AUTO2 (Interview date)-AUTO16; use confirmation question for 105 if necessary**

**If calculated interval since last HIV test was done ≤ 12 months ago or unknown then skip to Q114**  
**If calculated interval since last HIV test was done > 12 months ago then skip to Q113**

**[PERSONS WHO HAVE NOT TESTED FOR HIV IN THE PAST 12 MONTHS]**

**Say:** Next is a list of reasons why some people have not been tested for HIV. Please indicate if the following are reasons why you have not been tested for HIV in the past 12 months. Have you not been tested in the past 12 months:

- |   | No                         | Yes                        | Refused<br>to answer        |
|---|----------------------------|----------------------------|-----------------------------|
| 113a. Because you think you are at low risk for HIV infection?....  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |
| 113b. Because you were afraid of finding out that you had HIV?...   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |
| 113c. Because you were worried your name would be reported to the government if you tested positive?..... | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |
| 113d. Because you were afraid of someone finding out about the test result?.....                          | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |
| 113e. Because you were afraid of losing your job, insurance, or housing if you tested positive?.....      | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |
| 113f. Because you didn't have the money or the insurance to pay for the test?.....                        | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |
| 113g. Because you didn't have time?.....  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |
| 113h. Because you didn't know where to go to get tested?.....   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |
| 113i. Because you couldn't get transportation to a testing place?..                                       | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |
| 113j. Because you don't like needles?.....  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> .R |

**If only one "yes" response in Q113a-j, then skip t 114.**  
**If more than one "yes" response for Q113a-j, ask Q113k.**

113k. Which of these reasons was the most important reason you have not been tested for HIV in the past 12 months? \_\_\_\_\_ **[Refused to answer=.R, Don't know=.D]**

**List each of the above reasons marked "Yes." in 113a-113j.**

114. Some people without the HIV virus take HIV or AIDS medicines because they think it might reduce their chances of getting HIV. We don't know if this works. AIDS medicines are also known as antiretrovirals, HAART, or the AIDS cocktail. In the past 6 months, did you take any AIDS medicines to reduce your chance of getting HIV?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q114 is (0,1, .R, .D) then skip to Q135**

**[PERSONS WHO HAVE TESTED HIV POSITIVE]**

115. Was your test in \_\_\_\_/\_\_\_\_ **[insert date from AUTO15]** your first positive test?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q115 is (1, .R, .D) then skip to Q120**

116yy. In what year did you first test positive?

Year: \_\_\_\_\_ **[Refused = .R, Don't know = .D]**

116mm. In **[insert year from 116yy]**, in what month did you first test positive?

Month: \_\_\_\_\_ **[Refused = .R, Don't know = .D]**

**AUTO17. Date of first positive test: 116mm/116yy**



117. When you first tested positive in \_\_\_\_/\_\_\_\_/\_\_\_\_ [insert date from AUTO17], where did you get tested?

- Doctors office.....  01
- Hospital or medical center.....  02
- HIV counseling and testing site.....  03
- Community public health clinic.....  04
- Needle exchange program.....  05
- Mobile testing unit.....  06
- Correctional facility (jail or prison).....  07
- Drug treatment program.....  08
- At home.....  09
- Other.....  10
- Refused.....  .R
- Don't know.....  .D

**If Q117 not equal to 02, skip to Q118**

117a. You indicated you were tested in a hospital or medical center in \_\_\_\_/\_\_\_\_/\_\_\_\_ [insert date from AUTO17], was it while inpatient, in the emergency room, or in another outpatient facility?

- Inpatient.....  01
- In the emergency room.....  02
- Another outpatient facility.....  03
- Refused.....  .R
- Don't know.....  .D

**Say:** When you got tested in \_\_\_\_/\_\_\_\_ [*insert date from AUTO17*], did you get tested for any of the following reasons:

- |   | No                         | Yes                                   | Refused to answer           | Don't know                  |
|---|----------------------------|---------------------------------------|-----------------------------|-----------------------------|
| 118a. Because you thought or were worried you might have been exposed to HIV in the 6 months before the test?.....            | <input type="checkbox"/> 0 | <input type="checkbox"/> 1            | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 118b. Because you get tested on a regular basis and it was time for you to get tested again?.....                             | <input type="checkbox"/> 0 | <input type="checkbox"/> 1            | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 118c. Because you were just checking to make sure you were HIV negative?.....   | <input type="checkbox"/> 0 | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 118d. Because your doctor or health care provider recommended you get tested?.....  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1            | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 118e. Because you were required to get tested by either insurance, the military, a court order, or by some other agency?..... | <input type="checkbox"/> 0 | <input type="checkbox"/> 1            | <input type="checkbox"/> .R | <input type="checkbox"/> .D |
| 118f. Because there was some other reason you wanted to get tested?.....<br>( <i>Specify other reason</i> _____)              | <input type="checkbox"/> 0 | <input type="checkbox"/> 1            | <input type="checkbox"/> .R | <input type="checkbox"/> .D |

119. An anonymous HIV test means you were not required to give your name to get tested. You may have been given an identification number or code to get your test results. When you first tested positive in \_\_\_\_/\_\_\_\_ [*insert date from AUTO17*], was it anonymous?

- No.....  0  
 Yes.....  1  
 Refused to answer.....  .R  
 Don't know.....  .D

120. After you tested positive, were you asked by someone from the health department or your health care provider to give the names of your sex or drug use partners so they could be notified that they may have been exposed to HIV?

- No.....  0  
 Yes.....  1  
 Refused to answer.....  .R  
 Don't know.....  .D

***If Q120 in (0, .R, .D) then skip to Q121***

120a. Did you give the names of any of your partners when asked?

- No.....  0  
 Yes.....  1

***If Q120a in (1, .R, .D) then skip to Q121***

Refused to answer.....  .R  
 Don't know.....  .D

120b. What is the main reason you didn't give any names of your partners when asked?

You didn't know their name(s) or how to contact them.....  01  
 You wanted to contact them personally.....  02  
 You were in shock, busy coping, or couldn't think clearly at that time.....  03  
 You were afraid someone would tell your partner(s) that you are infected....  04  
 You were afraid your partner(s) would react badly if they found out.....  05  
 You didn't care whether partner(s) knew they may  
 be infected .....  06  
 Your partner(s) already knew they were positive.....  07  
 Other.....  08  
 Refused.....  .R  
 Don't know.....  .D

121. A negative HIV test is one that showed you did not have HIV infection. Before your first positive test in \_\_\_\_ / \_\_\_\_ [*insert date from AUTO16 or AUTO17*], did you ever have a negative HIV test?

No.....  0  
 Yes.....  1  
 Refused to answer.....  .R  
 Don't know.....  .D

***If Q121 is (0, .R, .D) then skip to Q123***

122yy. In what year did you take your last negative HIV test? We want to know the year that you got tested, not the year that you got your results

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ *[Refused = .R, Don't know = .D]*

122mm. In *[Insert year from 122yy]*, in what month did you have your last negative HIV test (again, in what month did you have the test, not get your results)? .....

.....Month: \_\_\_\_ \_\_\_\_ *[Refused = .R, Don't know = .D]*

**AUTO18. Date of PLWH last negative HIV test: 122mm/122yy**

123. In the 2 years before your first positive test in \_\_\_\_ / \_\_\_\_ *[insert date from AUTO16 or AUTO17]*, how many times did you get tested for HIV? Don't include your first positive test in that total number.

*[Refused = .R, Don't know = .D]* \_\_\_\_ \_\_\_\_ \_\_\_\_

124. Some people take HIV or AIDS medicines because they think it might reduce their chances of getting HIV. We don't know if this works. AIDS medicines are also known as antiretrovirals, HAART, or the AIDS cocktail. In the 6 months before your first positive test, did you take any AIDS medicines to reduce your chance of getting HIV?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

125. Have you ever been seen by a doctor, nurse, or other health care provider for care related to your HIV infection?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q125 =1 then skip to Q127*  
*If Q125 is (.R, .D) then skip to Instructions before Q131*

126. What are the reasons you have never gone to a health care provider for care related to your HIV infection? **[Choose only one reason.]**

- You feel good .....  01
- You don't want to think about being HIV positive.....  02
- You don't have money or insurance.....  03
- You couldn't find a transgender-sensitive doctor.....  04
- You can't find a health care provider or don't know  
where to go.....  05
- The doctor or clinic has inconvenient location or hours.....  06
- You are too busy.....  07
- You forgot to go or missed an appointment.....  08
- You were on the street.....  09
- You have an appointment in the near future.....  10
- Other.....  11
- Refused.....  .R
- Don't know.....  .D

***If only one response in Q126, then skip to Q127yy.  
If more than one response for Q126, ask Q126a.***

126a. Which of these reasons was the most important reason you have never gone to a health care provider for care related to your HIV infection?

\_\_\_\_\_ ***[Refused to answer=.R, Don't know=.D]***

**List each of the above reasons marked in Q126.**

127yy. In what year did you first go to your health care provider after learning you had HIV?

Year: \_\_\_\_ [Refused = .R, Don't know = .D]

127mm. In [*insert year from 127yy*], in what month did you first go to your health care provider after learning you had HIV?

Month: \_\_\_\_ [Refused = .R, Don't know = .D]

**AUTO19. Date first went to health care provider for HIV care: 127mm/127yy**

*Refer to date of first positive HIV test (Auto16 or Auto17)*

*If auto19 - first positive HIV test > 3 months before first provider visit then ask the next question Q128*

*If auto19 - first positive HIV test ≤ 3 months before first provider visit then skip to Q129*

*If interval cannot be determined (date missing) then skip to Q129*

128. Some people go to a health care provider soon after learning they are positive. What is the main reason you didn't go to a health care provider soon after you learned of your HIV infection?

**[Choose only one reason.]**

- You felt good .....  01
- You didn't want to think about being HIV positive.....  02
- You didn't have money or insurance.....  03
- You couldn't find a transgender-sensitive doctor.....  04
- You couldn't find health care provider or didn't know where to go.....  05
- The doctor or clinic had inconvenient location or hours....  06
- You were too busy .....  07
- You forgot to go or missed an appointment.....  08
- You were on the street.....  09
- You were unable to get an appointment.....  10
- Other.....  11
- Refused.....  .R
- Don't know.....  .D

129yy. In what year did you last go to your health care provider for HIV care?

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*[Refused = .R, Don't know = .D]*

129mm. In *[insert year from 129yy]*, in what month did you last go to your health care provider for HIV care?

Month: \_\_\_\_ \_\_\_\_

*[Refused = .R, Don't know = .D]*

**AUTO20. Date last went to health care provider for HIV care: 129mm/129yy**

DRAFT

**Calculate interval last went to health care provider or AUTO20- AUTO2.**

**If interval  $\leq$  6 months since last provider visit then skip to Q131**

**If interval  $>$  6 months since last provider visit then ask the next question (Q130)**

**If interval cannot be determined (date missing) then skip to Q131**

130. What is the main reason you have not gone to a health care provider for HIV care in the past 6 months? **[Choose only one reason.]**

- You felt good .....  01
- Your CD4 count and viral load were good.....  02
- You don't want to think about being HIV positive.....  03
- You didn't have money or insurance.....  04
- You couldn't find a transgender-sensitive doctor.....  05
- You couldn't find health care provider or didn't know where to go.....  06
- The doctor or clinic has inconvenient location or hours.....  07
- You were too busy
- You forgot to go or missed an appointment.....  08
- You have an appointment pending.....  09
- You were on the street.....  10
- Other.....  11
- Refused.....  .R
- Don't know.....  .D

131. Medicines to treat HIV and AIDS are also known as antiretroviral medicines, HAART, or the AIDS cocktail. Are you currently taking any of these medicines to treat your HIV infection?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q131=0 then skip to Q131b**  
**If Q131 is (.R, .D) then skip to Q132**



131a. Have you ever given your AIDS medicines to a sex partner who was HIV-negative because you thought it might protect them from getting HIV?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q131a is (0, 1, .R, .D)  
then skip to Q132**

131b. What is the main reason you have never taken any antiretroviral medicines?

**[Choose only one reason.]**

- You feel good.....  01
- Your CD4 count and viral load are good.....  02
- Your doctor advised you to delay treatment.....  03
- You don't want to think about being HIV positive.....  04
- You are worried about interfering with hormone treatment.....  05
- You are worried about other side effects .....  06
- You don't have money or insurance.....  07
- You just recently started into medical care.....  08
- Other.....  09
- Refused.....  .R
- Don't know.....  .D

132. As far as you know, when someone visits their doctor for a regular check-up or exam, is it routine practice for a doctor to ask someone to take a test for HIV, or do patients have to ask their doctor to perform this test?

- Routine practice .....  1
- Have to ask .....  2
- Refused to answer.....  .R
- Don't know.....  .D

**Interviewer Instructions: If interview day = 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, or 30, then skip to Q134; Otherwise, ask Q133**

133. Listen to the following two statements and indicate which comes closer to your opinion:

- A. HIV testing should be treated just like routine screening for other diseases, and should be included as part of regular check-ups and exams; or
- B. HIV testing should be treated differently from routine screening for other diseases, and should require special procedures, such as written permission from the patient in order to perform the test?

A (routine screening) .....  1  
B (special procedures) .....  2  
Refused to answer.....  .R  
Don't know.....  .D

134. Listen to the following two statements and indicate which comes closer to your opinion:

- A. HIV testing should be treated differently from routine screening for other diseases, and should require special procedures, such as written permission from the patient in order to perform the test; or
- B. HIV testing should be treated just like routine screening for other diseases, and should be included as part of regular check-ups and exams?

A (special procedures) .....  1  
B (routine screening) .....  2  
Refused to answer.....  .R  
Don't know.....  .D

## HEALTH CONDITIONS

**SAY:** The next questions are about hepatitis, an infection of the liver.

135. Has a doctor, nurse or other health care provider ever told you that you had hepatitis?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q135 is (0, .R, .D)  
then skip to Q137*

- 135a. What type or types of hepatitis have you had? **[Check all that apply.]**
- Hepatitis A.....  0
- Hepatitis B.....  1
- Hepatitis C.....  2
- Other.....  3
- (If Other: Specify\_\_\_\_\_)**
- Refused to answer.....  .R
- Don't know.....  .D

*If Q135a is (0, 1,  
4, .R, .D) then skip  
to Q137*

136. When were you told you had hepatitis C?
- 6 months ago or less.....  0
- More than 6 months ago, but less than 1 year.....  1
- 1 year ago or more.....  2
- Refused to answer.....  .R
- Don't know.....  .D

136a. Have you ever taken medicine to treat your hepatitis C infection?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q136a is (1, .R, .D) then skip to the box before Q138***

137. Now I'm going to ask you about getting tested for hepatitis C. Have you ever had a blood test to check for hepatitis C infection?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q137 is (0, .R, .D) then skip to the box before Q138***

137a. When did you have your most recent hepatitis C test?

***[Check only one.]***

- 6 months ago or less.....  0
- More than 6 months ago, but less than 1 year.....  1
- 1 year ago or more.....  2
- Refused to answer.....  .R
- Don't know.....  .D

**If Q135a=1 AND (Q111=2 OR Q112=1) then ask Q138;  
 Otherwise, if Q135a=1 AND (Q111 ≠ 2 and Q112 ≠ 1) then ask Q139;  
 Otherwise, if Q135a ≠ 1 then skip to Q140**

**SAY:** The next questions are about treatment for Hepatitis B.

138. You said you tested positive for HIV. In the 6 months before your first positive HIV test, did you take any medicines to treat your hepatitis B infection?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q136a is (0, .R, .D) then skip to Q140**

139. In the past 6 months, did you take any medicines to treat your hepatitis B infection?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

140. There are vaccines or shots that can prevent some types of hepatitis. Have you ever had a hepatitis vaccine?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

**If Q140 is (0, .R, .D) then skip to Q147**

140a. What type or types of hepatitis vaccine have you had?

**[Check only one.]**

- Hepatitis A vaccine.....  1
- Hepatitis B vaccine.....  2
- Hepatitis A and B vaccines.....  3
- Refused to answer.....  .R
- Don't know.....  .D

**SAY:** The next questions are about Tuberculosis or TB. A skin test for Tuberculosis is when they use a small needle to inject fluid under the skin on your arm leaving a small bump.

141. Have you ever had a TB skin test?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q141 is (0, .R, .D) skip to Q147*

142. Have you ever had a positive TB skin test?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

143yy. In what year was your last skin test for TB?

Year: \_\_\_\_ [Refused = .R, Don't know = .D]

143mm. In [*insert year from 143yy*], in what month was your last skin test for TB?

Month: \_\_\_\_ [Refused = .R, Don't know = .D]

**AUTO21. Date last had a skin test for TB: 143mm/143yy**

144. When you got tested for TB in *[insert date from AUTO20]*, where did you get tested?

- Doctor's office.....  01
- Hospital or medical center.....  02
- HIV counseling and testing site.....  03
- Community public health clinic...  04
- Needle exchange program.....  05
- Mobile testing unit .....  06
- Correctional facility (jail or prison).....  07
- Drug treatment program.....  08
- At home.....  09
- Other.....  10
- Refused.....  .R
- Don't know.....  .D

145. Has a doctor or nurse ever told you that you had TB the disease? By TB disease, we mean have you been sick with TB and not just had a positive skin test?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

*If Q145 is (0, .R, .D) skip to Q147*

146yy. In what year were you diagnosed with TB disease?

Year: \_\_\_\_\_ *[Refused = .R, Don't know = .D]*

146mm. In *[insert year from 146yy]*, in what month were you diagnosed with TB disease?

Month: \_\_\_\_\_. *[Refused = .R, Don't know = .D]*

**AUTO22. Date diagnosed with TB: 146mm/146yy**

**Say:** Next are questions about sexually transmitted diseases or STDs. In the past 12 months, has a doctor, nurse, or other health care provider told you that you had any of the following STDs?

	No	Yes	Refused to answer	Don't Know
147a. Syphilis.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
147b. Gonorrhea (clap or drip).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
147c. Chlamydia.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
147d. Genital herpes (HSV) .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
147e. Genital warts (HPV).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
147f. Any Other STDs.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D

(If yes, Specify \_\_\_\_\_)

**THE FOLLOWING QUESTION IS ASKED SEPARATELY FOR RESPONDENTS WHO ANSWERED YES TO 144A-F.1.**

147a.1 In the past 12 months, how many different times did you have \_\_\_\_\_?

147f.1 **INSERT EACH STD RESPONDENT SAID YES TO IN Q147A-F.1**  
 [Refused = .R, Don't know = .D] \_\_\_\_\_

**IF Q147A=0, ASK Q148. OTHERWISE, SKIP TO Q149.**

148. Even though a health care provider didn't tell you that you had syphilis, did you have a test to check for syphilis in the past 12 months?

No.....  0

Yes.....  1

Refused to answer.....  .R

Don't know.....  .D



## HIV TESTING IN JAIL

**SAY:** The next questions are about HIV testing experiences you may have had with the criminal justice system. Please remember your answers will be kept private.

149. In the past 12 months, have you been arrested by the police and booked? No.....  
 .....  0

- Yes.....  1  
 Refused to answer.....  .R  
 Don't know.....  .D

*If Q149 is  
(0, .R, .D) then  
skip to Say Box  
Q153*

149a. Think about the last time you were arrested and booked. How much time did you spend in detention, jail, or prison?

- Less than 24 hours.....  1  
 24 hours or more.....  2  
 Refused.....  .R  
 Don't know.....  .D

*If Q149a is  
(1, .R, .D) then skip  
to Q150*

149b. How many days were you in detention, jail, or prison?

\_\_\_\_\_ # of days  
 [Refused=.R, Don't know=.D]

150. The last time you were in detention, jail, or prison, did you get a test for HIV?

- No.....  0  
 .....  1  
 Refused to answer.....  .R  
 Don't know.....  .D

*If Q150 is (0, .R, .D)  
then skip to Q151*

150a. Did you get the results of that HIV test?

- No.....  0  
 Yes.....  1  
 Refused to answer.....  .R  
 Don't know.....  .D

151. The last time you were in detention, jail, or prison, did you get a test for hepatitis C?
- No.....  0 Yes.....  1
- .....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q151 is (0, .R, .D)  
then skip to Say Box  
before Q153***

- 151a. Did you get the results of that hepatitis C test?
- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't know.....  .D

***If Q47a is 1 then ask Q152. Otherwise, skip to Q153***

152. You indicated that you are currently receiving hormone therapy under the supervision of a healthcare provider. Were you able to continue hormone therapy under the supervision of a healthcare provider the last time when you were in detention, jail, or prison?
- No.....  0 Yes.....  1
- .....  1
- I was not receiving hormone therapy at the time.....  N
- Refused to answer.....  R
- Don't Know.....  .D

## ASSESSMENT OF PREVENTION ACTIVITIES

**SAY:** Next I'd like to ask you about HIV prevention activities in your area.

153. In the past 12 months, have you gotten any free condoms, not counting those given to you by a friend, relative, or sex partner?

- ..... No.....  
 0
- ..... Yes.....  1
- ..... Refused to answer.....  .R
- ..... Don't Know.....  .D

**If Q153 is (0, .R, .D) skip to Instructions before Q154**

153a. Did someone give you the condoms or did you pick them up?

- ..... Someone gave you condoms.....  1
- ..... You picked condoms up.....  2
- ..... Both (Someone gave you condoms AND you picked condoms up).....  3
- ..... Refused to answer.....  .R
- ..... Don't Know.....  .D

**If Q153a is 2 then skip to Q153d**

**If Q153a is .D or .R skip to Instructions before Q154**

153b. Which type of organizations did the person or persons who gave you the condoms work for?

**[Check all that apply.]**

- ..... HIV/AIDS-focused community organization .....  1
- ..... Transgender organization .....  2
- ..... Gay or Lesbian organization.....  3
- ..... Needle exchange program.....  4
- ..... Community public health clinic.....  5
- ..... Drug treatment program.....  6
- ..... Other (*Specify \_\_\_\_\_*).....  7
- ..... Refused to answer.....  .R
- ..... Don't Know.....  .D

**If Q153b is 2 DK or REF and Q153a=3 then skip to Q153d**

**If Q153b is 2 DK or REF and Q153 ne 3 then skip to Q153e**

153c. Did any of the people who gave you free condoms work for a transgender program at those organizations?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

153d. When you picked-up the condoms, did you pick them up at any of the following places?  
**[Check all that apply.]**

- HIV/AIDS-focused community organization .....  1
- Transgender organization .....  2
- Gay or Lesbian organization .....  3
- Needle exchange program .....  4
- Community public health clinic.....  5
- Drug treatment program.....  6
- Business (like a bar, retail store, etc.) .....  7
- Pride or other similar event.....  8
- Other (*Specify* \_\_\_\_\_) .....  9
- Refused to answer.....  .R
- Don't Know.....  .D

153e. Have you used any of the free condoms you received?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

**If no IDU or hormone injection in the past 12 months (Auto 13<12m and Q50=0) skip to instructions before Q155**

154. In the past 12 months, have you gotten any new sterile needles for free, not including those given to you by a friend, relative, or sex partner?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

**If Q154 is (0, .R, .D) then skip to Instructions before Q155**

154a. Did you get the free sterile needles at any of the following places? **[Check all that apply.]**

- HIV/AIDS-focused community organization .....  1
- Transgender organization .....  2
- Gay or Lesbian organization .....  3
- Needle exchange program .....  4
- Community public health clinic.....  5
- Drug treatment program.....  6
- Business (like a bar, retail store, etc.) .....  7
- Pride or other similar event.....  8
- Other (*Specify* \_\_\_\_\_).....  9
- Refused to answer.....  .R
- Don't Know.....  .D

**If Q154a is 2, .R or .D then skip to Q154c**

154b. Did you get sterile needles from a transgender program at those organizations?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

154c. Have you used any of the free sterile needles you received?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

**If no IDU in the past 12 months (Q76=0 .R, .D or if Q76=1 and Auto13>12m) skip Q156**

155. In the past 12 months, have you gotten any new cookers or cottons for free, not including those given to you by a friend, relative, or sex partner?

- No.....  0

**If Q155 is (0, .R, .D) then skip to Q156**

- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

155a. Did you get those free items at any of the following places?

**[Check all that apply.]**

- HIV/AIDS-focused community organization .....  1
- Transgender organization .....  2
- Gay or Lesbian organization .....  3
- Needle exchange program .....  4
- Community public health clinic.....  5
- Drug treatment program.....  6
- Business (like a bar, retail store, etc.) .....  7
- Pride or other similar event.....  8
- Other (*Specify* \_\_\_\_\_).....  9
- Refused to answer.....  .R
- Don't Know.....  .D

**If Q155a is 2, .R or .D then skip to Q155c**

155b. Did you get those free items from a transgender program at those organizations?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

155c. Have you used the free cookers or cottons that you received?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

156. Not counting the times when you had a conversation as part of an HIV test. In the past 12 months, have you had a one-on-one conversation with an outreach worker, counselor, or prevention program worker about ways to prevent HIV?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

*If Q156 is (0, .R, .D) then skip to Q157*

156a. Which type of organization did they work for?

**[Check all that apply.]**

- HIV/AIDS-focused community organization .....  1
- Transgender organization .....  2
- Gay or Lesbian organization .....  3
- Needle exchange program .....  4
- Community public health clinic.....  5
- Drug treatment program.....  6
- Other (*Specify:* \_\_\_\_\_) .....  7
- Refused to answer.....  .R
- Don't Know.....  .D

*If Q156a is (2, .R, .D) then skip to Q156c*

156b. Was the one-on-one conversation(s) with someone from a transgender program at those organizations?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

156c. During those one-on-one conversation(s), did you:

	No	Yes	Refused to answer	Don't Know
1. Discuss ways to talk to a partner about safe sex?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>If yes, ask:</b>				
1a. Practice ways to talk to a partner about safe sex?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
2. Discuss ways to effectively use condoms?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>If yes, ask:</b>				
2a. Practice ways to effectively use condoms?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>[If IDU in past 12 months(Auto14&lt;12m), ask:]</b>				
3. Discuss how to prepare for safe drug-injections?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>If yes, ask:</b>				
3a. Practice safe drug-injecting practices?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>[If hormone injection in past 12 months (Auto9&lt;12m), ask:]</b>				
4. Discuss how cleaning needles for hormone injections is different from cleaning needles for injecting other drugs?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>If yes, ask:</b>				
4a. Practice cleaning needles for hormone injections?...	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>[If silicone or other substance injections in past 12 months (Auto11&lt;12m), ask:]</b>				
5. Discuss safety issues related to injecting silicone and similar substances?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D

**If any of Q156c.1-Q156c.5=1 then ask:**

156d. How transgender-sensitive were these discussions?

Not sensitive at all.....	<input type="checkbox"/> 1	
A little sensitive.....	<input type="checkbox"/> 2	
Somewhat sensitive.....	<input type="checkbox"/> 3	
Very sensitive.....	<input type="checkbox"/> 4	Refused.....
.....	<input type="checkbox"/> .R	
Don't Know.....	<input type="checkbox"/> .D	

157. Not including discussions you may have had with a group of friends. In the past 12 months have you been a participant in any organized session(s) involving a small group of people to discuss ways to prevent HIV?

No.....	<input type="checkbox"/> 0
Yes.....	<input type="checkbox"/> 1

**If Q157 is  
(0, .R, .D) then  
skip to Q158**



Refused to answer.....  .R  
 Don't Know.....  .D

157a. Which type of organization sponsored those sessions? **[Check all that apply.]**

HIV/AIDS-focused community organization .....  1  
 Transgender organization .....  2  
 Gay or Lesbian organization .....  3  
 Needle exchange program .....  4  
 Community public health clinic.....  5  
 Drug treatment program.....  6  
 Other **(Specify: \_\_\_\_\_)** .....  7  
 Refused to answer.....  .R  
 Don't Know.....  .D

**If Q157a is  
(2, .R, .D) then  
skip to Q157c**

157b. Were these sessions sponsored by a transgender program at those organizations?

No.....  0  
 Yes.....  1  
 Refused to answer.....  .R  
 Don't Know.....  .D

157c. During those organized group session(s), did you:

	No	Yes	Refused to answer	Don't Know
1. Discuss ways to talk to a partner about safe sex?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>If yes, ask:</b>				
1a. Practice ways to talk to a partner about safe sex?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
2. Discuss ways to effectively use condoms?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>If yes, ask:</b>				
2a. Practice ways to effectively use condoms?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>[If IDU in past 12 months(Auto14&lt;12m), ask:]</b>				
3. Discuss how to prepare for safe drug-injections?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>If yes, ask:</b>				
3a. Practice safe drug-injecting practices?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>[If hormone injection in past 12 months (Auto9&lt;12m), ask:]</b>				
4. Discuss how cleaning needles for hormone injections is different from cleaning needles for injecting other drugs?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>If yes, ask:</b>				
4a. Practice cleaning needles for hormone injections?...	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D
<b>[If silicone or other substance injections in past 12 months (Auto11&lt;12m), ask:]</b>				
5. Discuss safety issues related to injecting silicone and similar substances?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D

**If any of Q157c.1-Q157c.5=1 then ask:**

157d. How transgender-sensitive were these discussions?

Not sensitive at all.....	<input type="checkbox"/> 1	
A little sensitive.....	<input type="checkbox"/> 2	
Somewhat sensitive.....	<input type="checkbox"/> 3	
Very sensitive.....	<input type="checkbox"/> 4	Refused.....
.....	<input type="checkbox"/> .R	
Don't Know.....	<input type="checkbox"/> .D	

Transgender Definition Evaluation

**SAY:** The next question is about people who were born one gender, but who identify or live as the opposite gender.

158.  
Which of  
the

following terms have **you** used to describe **your** gender identity?

**[Check all that apply.]**

- Transsexual .....  1
- Transgender .....  2
- Transwoman .....  3
- Bigender or Third gender.....  4
- Cross-dresser or transvestite.....  5
- Gender bender.....  6
- Gender queer.....  7
- Gender variant.....  8
- Butch queen.....  9
- Fem queen .....  10
- Girl.....  11
- Female impersonator.....  12
- Female or woman.....  13
- Other (**Specify:** \_\_\_\_\_) .....  14
- None of the above – Only used ‘Male’ or ‘Man’ to describe gender  
Refused.....  15
- Don’t Know.....  .D

**SAY:** Thank you for taking the time to participate in this survey. Please bring this computer to the researchers.

**AUTO23.** Time ACASI ended: \_\_\_:\_\_\_  AM  PM

ACASI Evaluation

**INTERVIEWER SAY:** Thank you for taking the survey. I want to ask you a few questions about the questionnaire to help us improve it

INT8. What is the passcode? \_\_\_\_\_

159. Were there any questions that were especially difficult to answer?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

**If 0 then skip to Q161**

160. What are some of the reasons why they were difficult to answer?

\_\_\_\_\_  
*[Refused = .R, Don't know = .D]*

161. Were there any questions that were especially offensive to you?

- No.....  0
- Yes.....  1
- Refused to answer.....  .R
- Don't Know.....  .D

**If 0 then skip to Auto24**

162. What are some of the reasons why you felt these were offensive?

\_\_\_\_\_  
*[Refused = .R, Don't know = .D]*

**INTERVIEWER NOTE: Please thank the respondent**

**AUTO24.** Time core questionnaire ended: \_\_\_:\_\_\_  AM  PM