Transgender HIV Behavioral Survey

Attachment 3A

Data Collection Instrument: Eligibility Screener

Form Approved:
OMB No: 0920-XXXX
Expiration Date: MM/DD/YYYY

Transgender HIV Behavioral Survey: Eligibility Screener

Public reporting burden of this collection of information is estimated to average 5 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 (XXXXXXXXX).

AUTO1	Survey Version: THBS-Pilot Version MM/DD/	YYYY		
AUTO2	Date of Interview:///	AUTO3 Time Begin	: 🗆 AM	□ PM
	(M M/D D/Y Y Y Y)			
INT1.	Interviewer ID			
INT2.	City			
INT3.	Survey ID			
INT4.	Field Site ID			
	<i>Interviewer:</i> Is the participant a seed? No	0 Ye	es	

SAY: I'd like to thank you again for your interest in this health survey. Remember that all information you give me will be kept private and I will not ask for your name. First, I will ask you a few questions about yourself and then the computer will determine if you have been selected to participate in the health survey. If selected, I'll turn the computer over to you so you can complete the survey on your own.

IF RESPONDENT IS A SEED (INT5=1) then skip to E2

ES1.	Which of the following describes how you know the person who gave you this coupon?
	You can choose more than one answer. [Read choices. Check all that apply.]
	A friend \square 1
	A sex partner, girlfriend/boyfriend, husband/wife \square 2
	A relative or family member \square 3
	A co-worker \square 4
	A person you use drugs with \square 5
	A person you buy drugs from
	A person you share needles with \square_7
	An acquaintance (that is, a person you know,
	but do not consider friend) \square_8
	You don't know the person/just met them (a stranger) \square 9
	Refused to answer \square _{.R}

Λ~~ Λ				
Age A	ssessment		If ES2 i	
ES2.	What is your date of birth?		(.R, .D) skip to A	
	[Refused = .R, Don't know = .D] $(M - M/D) = (M - M/D$			
AUTO	4 AGE: ES2 - AUTO2/365.25	o5		
ES2a.	So, you are [AGE] years old. Is that correct?	IE EC	?a = No, g	o back
	No	to ES2,	; If Auto4 in to Auto	<15
ES3.	During 2008, did you already complete any part of the health and the second sec		aat [Insert	Project
<u>Ethnic</u>	Assessment			
ES4.	Yes	If ES4 is (0, .R, .D skip to E) then	
ES4a.	What best describes your Hispanic or Latino ancestry? [Check all that apply.] Mexican			

Racial Assessment

ES5.	Which racial group or groups do you consider yourself to be in? You may choose more than one option. [Read choices. Check all that apply.] American Indian or Alaska Native
ES6.	What county do you currently live in?
	(Responses in computer program will include all eligible counties from participating MSA) Other
	If ES6 ="Other" then skip to ES7
ES6a.	How long have you been living in [say project area]?
	Months Years [Refused = .R, Don't know =.D]
<u>Gende</u>	r Assessment
ES7.	What was your physical sex assigned at birth? [Check only one] Male

ES8.	Do you consider yourself to be male, female, or transgender? [Check only one] Male	
_	FES7 is (2, 3, .R, .D) then skip to Auto5 FES7 is (1) and ES8 is (2, 3) then skip to ES10	
ES9.	In the past 12 months, have you ever lived as a woman? By living as a woman, I mean dressing and presenting yourself as a woman.	
	No	
Netwo	rk Size Assessment	
SAY:	I would like to ask you about some people you know personally. By "know personally", I mean they know you and you know them.	
ES10. About how many people do you know personally who were born male but identify, live, act, or consider themselves to be a woman and who are 15 years of age, live in [project area], and who you've seen in the past 30 days? INTERVIEWER: USE FLASHCARD A		
[Refused= .R, Don't Know= .D]		
j	If ES10 is (0, .R, or .D) and ES8 is (1) and ES9 is (0, .R, .D) then skip to INT6	
j	If ES10 is (0, .R, or .D) and ES8 is (1) and ES9 is (1) then skip to INT7	
j	If ES10 is (0, .R, or .D) and ES8 is (2, 3) then skip to INT7	

ES10a. Of these *[insert number from ES10]* persons that you have seen in the past 30 days how many are Latino or Hispanic?

[Refused= .R, Don't Know= .D] ______

	What is the race of these <i>[insert number from ES10]</i> persons that you have seen in the 30 days? That is how many are:	
ES10b.	African American or Black;: [Refused= .R, Don't Know= .D]	
ES10c.	American Indian or Alaska Native: [Refused= .R, Don't Know=.D]	
ES10d.	Asian: [Refused= .R, Don't Know= .D]	
ES10e.	Native Hawaiian or Other Pacific Islander: [Refused= .R, Don't Know= .D]	
ES10f.	White: [Refused= .R, Don't Know= .D]	
If ES	8 is (1) and ES9 is (1) then skip to INT7	
If ES	8 is (2, 3) then skip to INT7	
Intervie	ewer Assessment	
INT6 <i>Interviewer:</i> Does this person meet the protocol definition of transgender? No		
Ability	to Participate Assessment	
	Interviewer: Is this person alert and able to complete the health survey in English? No	
	<i>Interviewer:</i> Why is the person unable to participate in the health survey? Language Barrier	
	Not alert	
	(Specify)	

Eligibility Assessment Section

AUTO5 ELIGIBLE = (calculated using the following eligibility assessment logic)

Eligibility Assessment Logic:		
Not a previous participant:	ES3 = No or 0	
Age:	AGE >= 15 years	
Residence:	ES6 not equal to "Other" or 66	
Race/Ethnicity:	ES4 = Hispanic/Latino or ES5 = Black/African American	
Gender:	ES7 = Male and ES8 = Female or Transgender Or	
	ES7=Male and ES8=Male and ES9=Yes Or	
	ES7=Male and ES8=Male and ES9=No and INT6=Yes	
Can take English survey:	INT7=Yes	
AUTO6 Time Eligibility Screener Ended:	□ AM □ PM	
If Participant NOT ELIGIBLE for THBS		

SAY: Thank you for answering these questions. Unfortunately, the computer has not selected you to participate in the health survey. Thank you again for your time.

End Interview.

If Participant IS ELIGIBLE for THBS

SAY: Congratulations! The computer has selected you to participate in the health survey. Let me tell you about it.

In the survey, the terms "transgender" and "gender-variant" are used broadly to refer to persons who identify, live, or present as a gender other than the one associated with their physical sex at birth. The purpose of the survey is to learn more about risks for HIV among transgender and gender-variant persons. Let me tell you more about it.

Interviewer: Read consent (see appendix H for model consent).

CONSENT.	<i>Interviewer:</i> Did the participant provide consent to participate in the survey?
	No
	Yes 1

SAY: Now I will turn the computer over to you to complete the rest of the interview. If you have questions during the survey or need assistance I will be close by to answer your question and provide help.