

Changes to the THBS Behavioral Assessment

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Transgender HIV Behavioral Survey ~~(PILOT)~~: Core Questionnaire

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AUTO7. Time core questionnaire began: __ __: __ __: __ __ ~~AM~~ ~~PM~~

Network Size

SAY: Most people have never been in an interview like this one, so I'm going to describe how it works before we start. I will read you questions exactly as they are written. Some may sound awkward but I need to read them as worded so everyone in the study is asked the same questions. Some questions will ask you to recall if you did something, when you did it, or how often you did it. For others, I'll read or show you a list of responses to choose from. Please be as accurate as you can.

To begin the survey, I would like to ask you about some people you know personally. By "know personally", I mean they know you and you know them.

NS1. About how many people do you know personally who were born male but identify, live, or consider themselves to be a woman and who are at least 15 years of age, and who live in [project area], and who you've seen in the past 30 days?
[GIVE RESPONDENT FLASHCARD C]

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

If NS1 is (0, .R, or .D) skip to Background Section

If NS1 is (1) skip to the Single Transgender Person Known section

Background

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

A1. In the past 12 months, have you been homeless at any time? By “Homeless” means I mean you were living on the street, in a shelter, in a Single Room Occupancy hotel (SRO), temporarily staying with friends or relatives, or living in or in a car.

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

If A1 is (0, .R, .D) skip to A3

A2. 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

A3. What zip code do you live in?
 _ _ _ _ _ **[Refused = .R, Don't know = .D]**

A4. What country were you born in?
[Do not read choices. Check only one.]

- United States, including Puerto Rico..... 1
- 2
- Cuba..... 3
- Other 4
- (Specify other country of birth:)**
- Refused to answer..... .R
- Don't know..... .D
- Mexico.....

If A4 is (1, .R, .D) skip to A6

A5. What year did you first come to live in the United States?
 (Y Y Y Y) **[Refused=.R, Don't know = .D]**

A6. What is the highest level of education you completed?

[Do not read choices. 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

A7. What best describes your employment status? Are you:

[Read choices. 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

If A7 is ne (1 2) skip toA9;

A8. Have you told your current employer about your transgender identity?

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

For Respondents who are currently homeless (A2=1):

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

For Respondents who are not currently homeless (A1 in (0, .R, .D) OR A2 in (0, .R, .D)):

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

A9. What was your *[insert household income if A1 in (0, R, .D) OR A2 in (0, .R, .D); insert income if A2=1]* last year from all sources before taxes? Please indicate which one best corresponds to your monthly or 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

[GIVE RESPONDENT FLASHCARD D. Do not read choices.]

- A. Less than \$833..... Less than \$10,000..... 00
- B. \$ 834 to \$1,041..... \$10,000 to \$12,499..... 01
- C. \$1,042 to \$1,250..... \$12,500 to \$14,999..... 02
- D. \$1,251 to \$1,667..... \$15,000 to \$19,999..... 03
- E. \$1,668 to \$2,500..... \$20,000 to \$29,999..... 04
- F. \$2,501 to \$3,333..... \$30,000 to \$39,999..... 05
- G. \$3,334 to \$4,167..... \$40,000 to \$49,999..... 06
- H. \$4,168 to \$4,999..... \$50,000 to \$59,999..... 07
- I. \$5,000 to \$6,250..... \$60,000 to \$74,999..... 08
- J. \$6,251 or more..... \$75,000 or more..... 09

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

If A9 is (.R, .D) skip to A11

A10. Including yourself, how many people depended on this income?
[MUST BE AT LEAST 1.]

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

SAY: The next questions are about health insurance or health care coverage. This includes health insurance obtained through employment or purchased directly by you. It also includes local and government-funded programs like Medicare and Medicaid that provide medical care or help pay medical bills.

A11. Do you currently have health insurance or healthcare coverage? ~~This includes Medicaid or Medicare.~~

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

If A11 is (0, .R, .D) skip to Healthcare Visit Section

A12. What kind of health insurance or healthcare coverage do you currently have? **f**
[GIVE RESPONDENT FLASHCARD E. Read choices. Check all that apply.]

- Private health insurance or HMO..... 01
- Medicaid..... 02
- Medicare..... 03
- TRICARE (CHAMPUS)..... 04
- Veterans Administration coverage..... 05
- State or local government plan..... 06
- Some other insurance..... 07
- (Specify _____)
- No other health care coverage of any type..... 08
- Refused to answer..... .R
- Don't know..... .D

A13. Does ~~the~~your health insurance ~~cover~~or health care coverage pay for hormone therapy?

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

A14. Does ~~the~~your health insurance ~~cover~~or health care coverage pay any ~~of the cost~~costs for sex change or sexual reassignment surgeries (SRS)?

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

Healthcare Visit

B1. 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 B1 is (0, .R, .D) skip to B4

B2. 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.”

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

	No	Yes	Refused to answer	Don't Know	Does not 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

B3. Have you told your current doctor or health care provider about your transgender identity?

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

B4. Are you currently receiving hormone therapy under the supervision of a **licensed** doctor or healthcare provider?

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

Transgender-specific procedures

SAY: The next questions are about medical procedures that transgender persons may receive to appear more feminine.

C1. 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 C1 is (0, .R, .D) skip to the say box before C4;

C2. Have you ever injected or been injected with hormones?

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

If C2 is (0, .R, .D) skip to the say box before C4;

C3. Have you ever been injected with hormones by someone **other than a licensed** doctor or health care provider?

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

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

C4. 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 C4 is (0, .R, .D) skip to the say box before C7;

C5. Besides silicone, have you been injected with any other substance that would change the shape of your body, like silicone does?

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

If C5 is (0 .R, .D, .S) skip to the say box before C7;

C6. What were these other substances?

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

SAY: The next questions are about surgical procedures that are done to change the body.

C7. Have you had any surgical procedures to enhance your face and make it appear more feminine?

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

C8. Have you ever had breast implants or augmentation?

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

C9. Have you had a surgery to construct a vagina?

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

Hormone Injections

If C2 in (0 .R .D) or C3 in (0 .R .D .S) skip to the Silicone Injection section;

SAY: You said that you had received hormones injections from someone **other than a licensed** doctor or health care provider. The next questions are about these injections.

D1. When was the last time you were injected by someone **other than a licensed** doctor or health care provider?
[GIVE RESPONDENT FLASHCARD F. *Read choices.*]

- 6 months ago or less..... 0
- More than 6 months ago, but less than 1 year..... 1
- About a 1 year ago..... 2
- Over a year ago, but less than 5 years ago..... 3
- Over 5 years ago..... 4
- Refused to answer..... .R
- Don't know..... .D

If D1 in (3 4 .R .D) skip to the Silicone Injection section;

D2. How often did you get hormone injections in the past 12 months by someone **other than a licensed** doctor or health care provider? Was it...
[GIVE RESPONDENT FLASHCARD G. *Read choices.*]

- More often than once a month. 1
- About once a month..... 2
- Less often than once a month..... 3
- Refused to answer..... .R
- Don't know..... .D

D3. Did you or someone else provide the needles for these hormone injections?
[Check only one.]

- You provided the needles 1
- Someone else provided the needles 2
- Both you and someone else provided the needles..... 3
- Refused to answer..... .R
- Don't know..... .D

If D3 is (2, .R, .D) skip to D11

Say: In the past 12 months, where did you get the needles for these injections done by someone **other than a licensed** doctor or health care provider? Did you get them from....
[GIVE RESPONDENT FLASHCARD H]

	No	Yes	RF	DK
D4. a drug store or pharmacy?	<input type="checkbox"/> 0...	<input type="checkbox"/> 1...	<input type="checkbox"/> .R.	<input type="checkbox"/> .D
D5. a doctor's office, clinic, or hospital?	<input type="checkbox"/> 0...	<input type="checkbox"/> 1...	<input type="checkbox"/> .R.	<input type="checkbox"/> .D
D6. a friend, acquaintance, relative, or sex partner?	<input type="checkbox"/> 0...	<input type="checkbox"/> 1...	<input type="checkbox"/> .R.	<input type="checkbox"/> .D
D7. a needle exchange program?	<input type="checkbox"/> 0...	<input type="checkbox"/> 1...	<input type="checkbox"/> .R.	<input type="checkbox"/> .D
D8. the internet?	<input type="checkbox"/> 0...	<input type="checkbox"/> 1...	<input type="checkbox"/> .R.	<input type="checkbox"/> .D
D9. any other place?	<input type="checkbox"/> 0...	<input type="checkbox"/> 1...	<input type="checkbox"/> .R.	<input type="checkbox"/> .D

If D9 is (0, .R, .D) skip to D11

D10. Where else have you gotten needles for hormone injections?

D11. In the past 12 months when you got hormone injections by someone other than a **licensed** doctor or health care provider, how often were new, sterile needles used? A new, sterile needle is a needle that has never used before by anyone, even you.
[GIVE RESPONDENT FLASHCARD I. 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

Shared needles

D12. Have you ever used a needle to inject yourself with hormones after someone else had injected hormones with it?

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

If D12 is (0, .R, .D) skip to D18

D13. When was the last time you used a needle after someone else had injected hormones with it?
[GIVE RESPONDENT FLASHCARD F. Read choices.]

- 6 months ago or less..... 0
- More than 6 months ago, but less than 1 year..... 1
- About a 1 year ago..... 2
- Over a year ago, but less than 5 years ago..... 3
- Over 5 years ago..... 4
- Refused to answer..... .R
- Don't know..... .D

If D13 is (3 4 .R, .D) skip to D18

SAY: Think about the last time you used a needle after someone else had injected hormones with it. The next questions are about that person who used the needle before you did.

D14. Did you know the HIV status of the person who used the needle before you did?

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

If D14 is (0, .R, .D) skip to D16

D15. What was their HIV status?

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

D16. Did you know if they had been tested for hepatitis C?

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

If D16 is (0, .R, .D) skip to D18

D17. What was the result of their hepatitis C test?

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

Shared hormone vials

D18. Have you ever shared a vial of hormones with someone else?

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

If D18 is (0 .R, .D) skip to the Silicone Injection section;

D19. When was the last time you shared a vial of hormones with someone else?

6 months ago or less.....	0
More than 6 months ago, but less than 1 year.....	1
About a 1 year ago.....	2
Over a year ago but less than 5 years ago.....	3
Over 5 years ago.....	4
Refused to answer.....	.R
Don't know.....	.D

If D19 is (3, 4 .R, .D) skip to the Silicone Injection section;

D20. In the past 12 months when you got hormone injections, how often have you shared a vial of hormones with someone else?

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: Think about the last time you shared a vial of hormones with someone else. The next questions are about that person who you shared a vial of hormones with.

D21. Did you know the HIV status of the person who you shared the vial of hormones with?

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

If D21 is (0, .R, .D) skip to D23

D22. What was their HIV status?

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

D23. Did you know if they had been tested for hepatitis C?

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

If D24 is (0, .R, .D) skip to the Silicone Injections section

D24. What was the result of their hepatitis C test?

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

Silicone Injections

If C4 in (0 .R .D .S) skip to Sex Behavior section;

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

E1. Think back to the very first time you were injected with silicone. How old were you?

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

E2. When was the last time you were injected with silicone?

[GIVE RESPONDENT FLASHCARD F. Read choices.]

- _____ 6 months ago or less..... 0
- _____ More than 6 months ago, but less than 1 year..... 1
- _____ About a 1 year ago..... 2
- _____ Over a year ago, but less than 5 years ago..... 3
- _____ Over 5 years ago..... 4
- _____ Refused to answer..... .R
- _____ Don't know..... .D

If E2 in (3, 4, .R, .D) skip to the Sex Behavior section;

E3. And when you were injected with silicone this last time, about how many other persons were also getting injections besides yourself?

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

E4. In the past 12 months, how often were you injected with silicone to change your appearance?

[GIVE RESPONDENT FLASHCARD J. Read choices. Check only one.]

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

If E4 is (0) skip to the Sexual Behavior section;

E5. In the last 12 months, who performed the silicone 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..... 6
- (Specify who performed injections:)**
- Refused to answer..... .R
- Don't know..... .D

E6. Did you or someone else provide the needles for these injections?
[Check only one.]

- You provided the needles; 1
- Someone else provided the needles..... 2
- Both you and someone else provided the needles..... 3
- Refused to answer..... .R
- Don't know..... .D

If E6 in (2, .R, .D) skip to E14;

Say: In the past 12 months, where did you get the needles for these injections? Did you get them from....
[GIVE RESPONDENT FLASHCARD H]

- | | No | Yes | RF | DK |
|--|---|--|----|----|
| E7. <u>a drug store or pharmacy?</u> | <input type="checkbox"/> 0... <input type="checkbox"/> 1... | <input type="checkbox"/> .R. <input type="checkbox"/> .D | | |
| E8. <u>a doctor's office, clinic, or hospital?</u> | <input type="checkbox"/> 0... <input type="checkbox"/> 1... | <input type="checkbox"/> .R. <input type="checkbox"/> .D | | |
| E9. <u>a friend, acquaintance, relative, or sex partner?</u> | <input type="checkbox"/> 0... <input type="checkbox"/> 1... | <input type="checkbox"/> .R. <input type="checkbox"/> .D | | |
| E10. <u>a needle exchange program?</u> | <input type="checkbox"/> 0... <input type="checkbox"/> 1... | <input type="checkbox"/> .R. <input type="checkbox"/> .D | | |
| E11. <u>the internet?</u> | <input type="checkbox"/> 0... <input type="checkbox"/> 1... | <input type="checkbox"/> .R. <input type="checkbox"/> .D | | |
| E12. <u>any other place?</u> | <input type="checkbox"/> 0... <input type="checkbox"/> 1... | <input type="checkbox"/> .R. <input type="checkbox"/> .D | | |

If E12 is (0, .R, .D) skip to E14;

E13. Where else have you gotten needles for silicone injections? _____

E14. A new, sterile needle is a needle never used before by anyone, even you. In the past 12 months when you were injected with silicone, how often was a new, sterile needle?

[GIVE RESPONDENT FLASHCARD J. 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
- Don't know..... .D

Sexual Behaviors

If C9 (.R or .D) skip to the Alcohol Use History Section;

SAY: Next, I'm going to ask you some questions about having sex. Please remember your answers will be kept private. **[GIVE RESPONDENT FLASHCARD K]**

For these questions, "Having sex" means oral, vaginal, or anal sex. "Oral" sex means mouth on the vagina or penis; "Vaginal" sex means penis in the vagina; and "Anal" sex means penis in the anus (butt).

I need to ask you all the questions, even if some may not apply to your situation.

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 F1 in (0, .R, .D) skip to the Female Sex Partner section;

Male Sex Partners

F1. Have you ever had *[insert "oral or anal" if C9 =0; insert "oral, vaginal, or anal" if C9=1]* sex with a man?

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

If F1 in (0, .R, .D) skip to the Female Sex Partner section;

F2. How old were you the first time you had *[insert "oral or anal" if C9 =0; insert "oral, vaginal, or anal" if C9=1]* with a man?

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

F3. In the past 12 months, with how many different men have you had *[insert "oral or anal" if C9 =0; insert "oral, vaginal, or anal" if C9=1]* sex?

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

Type of Male Sex Partners

If F3 in (0, .R, .D) skip to the Female Sex Partner section

SAY: Please describe *[Insert “these sex partners as either main or casual partners” when F3>1; Insert “this sex partner as a main or casual partner” when F3=1].*

[GIVE RESPONDENT L]

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.

A “casual partner” is a man you have sex with but do not feel committed to or don't know very well.

***If F3>1 skip to the Multiple Sex Partners section;
If F3=1 skip to the Single Sex Partner section;***

Multiple sex partners

F4. Of the _____ *[insert number from F3]* men you've had *[insert “oral or anal” if C9 =0; insert “oral, vaginal, or anal” if C9=1]* sex with in the past 12 months, how many of them were main partners?

_____ *[Refused=.R; Don't Know=.D]*

If F3=F4 skip to the Main Male Sex Partner Section;

F5. How many were casual partners?

_____ *[Refused=.R; Don't Know=.D]*

***If F4 + F5 ne F3 confirm the number of sex partners;
If F4=1 or F4>1 skip to the Main Male Sex Partner Section;
If F4=0 and F5>1 skip to the Casual Male Sex Partner Section;***

Single sex partner

F6. Was this man a main or casual partner?

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

***If F6 =1 Skip to the Main Male Sex Partner Section;
If F6 =2 Skip to the Casual Male Sex Partner Section;
If F6 in (.R .D) Skip to H9;***

Main Male Sex Partners

If F4 in (0, .R, .D) or F6 (.R or .D) skip to the Casual Male Partners Section;

If F4 >1 skip to say box before G1_m;

If F4=1 or F6=1 skip to say box before G1_o;

MULTIPLE MAIN MALE SEX PARTNERS Refused = .R, Don't know = .D			ONE MAIN MALE SEX PARTNER No = 0, Yes = 1, Refused = .R, Don't know =.D		
<p>SAY: The next set of questions is about the _____ [insert number from F4] 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.</p>			<p>SAY: 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.</p>		
Question	Response	Skip Pattern	Question	Response	Skip Pattern
<p>[if C9=0, then skip to G3_m] G1_m. Of your _____ [insert number from F4] male main partners in the past 12 months, with how many did you have vaginal sex?</p>	[_____]	<p>If G1_m in (0, .R, or .D) skip to G3_m;</p> <p>If G1_m =1, ask G2_o;</p>	<p>[if C9=0, then skip to G3_o] G1_o. In the past 12 months, did you have vaginal sex with this man?</p>	[_____]	<p>If G1_o in (0, .R, or .D) skip to G3_o;</p>
<p>G2_m. In the past 12 months, with how many of these _____ [insert number from G1_m] men did you have vaginal sex without using a condom?</p>	[_____]		<p>G2_o. In the past 12 months, did you have vaginal sex with him without using a condom?</p>	[_____]	<p>If F4>1, skip to G3_m;</p>
<p>G3_m. Of your _____ [insert number from F4] male main partners in the past 12 months, with how many did you have anal sex?</p>	[_____]	<p>If G3_m in (0, .R, or .D) skip to G5_m;</p> <p>If G3_m =1, ask G4_o;</p>	<p>G3_o. In the past 12 months, did you have anal sex with this man?</p>	[_____]	<p>If G3_m in (0, .R, or .D) skip to G5_o;</p>
<p>G4_m. In the past 12 months, with how many of these _____ [insert number from G3_m] men did you have anal sex without using a condom?</p>	[_____]		<p>G4_o. In the past 12 months, did you have anal sex with him without using a condom?</p>	[_____]	<p>If F4>1, skip to G5_m;</p>

Question	Response	Skip Pattern	Question	Response	Skip Pattern
G5_m. Of your _____ [insert number from F4] male main partners in the past 12 months, how many did <u>you give</u> things like money or drugs in exchange for sex?	[_____]		G5_o. In the past 12 months, did <u>you give</u> this man things like money or drugs in exchange for sex?	[_____]	
G6_m. Of your _____ [insert number from F4] male main partners in the past 12 months, how many <u>gave you</u> things like money or drugs in exchange for sex?	[_____]		G6_o. In the past 12 months, did this man <u>give you</u> things like money or drugs in exchange for sex?	[_____]	
G7_m. Of your _____ [insert number from F4] male main partners, with how many did you have sex <u>for the first time</u> in the past 12 months?	[_____]	If G7_m in (0, .R, or .D) skip to Casual Male Sex Partner Section; If G7_m =1, ask G1_o;	G7_o. Did you have sex with this man <u>for the first time</u> in the past 12 months?	[_____]	If G7_o in (0, .R, or .D) skip to Casual Male Sex Partner Section;
G8_m. With how many of these _____ [insert number from G7_m] men did you discuss BOTH your HIV status and their HIV status before you had sex for the first time?	[_____]		G8_o. Did you discuss BOTH your HIV status and his HIV status before you had sex for the first time?	[_____]	

Casual Male Sex Partners

If F5 in (0, .R, .D) or F6 (.R or .D) skip to H9.

If F5 >1 skip to say box before H1_m;

If F5=1 or F6=2 skip to say box before H1_o;

MULTIPLE CASUAL MALE SEX PARTNERS Refused = .R, Don't know = .D			ONE CASUAL MALE SEX PARTNER No = 0, Yes = 1, Refused = .R, Don't know = .D		
<p>SAY: The next set of questions is about the _____ <i>[insert number from F5]</i> 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.</p>			<p>SAY: 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.</p>		
Question	Response	Skip Pattern	Question	Response	Skip Pattern
<p>[if C9=0, then skip to H3_m] H1_m. Of your _____ <i>[insert number from F5]</i> male casual partners in the past 12 months, with how many did you have vaginal sex?</p>	[_____]	<p><i>If H1_m in (0, .R, or .D) skip to H3_m.</i></p> <p><i>If H1_m =1 then ask H2_o;</i></p>	<p>[if C9=0, then skip to H3_o] H1_o. In the past 12 months, did you have vaginal sex with this man?</p>	[_____]	<p><i>If H1_o in (0, .R, or .D) skip to H3_o.</i></p>
<p>H2_m. In the past 12 months, with how many of these _____ <i>[insert number from H1_m]</i> men did you have vaginal sex without using a condom?</p>	[_____]		<p>H2_o. In the past 12 months, did you have vaginal sex with him without using a condom?</p>	[_____]	<p><i>If F5>1, skip to H3_m;</i></p>
<p>H3_m. Of your _____ <i>[insert number from F5]</i> male casual partners in the past 12 months, with how many did you have anal sex?</p>	[_____]	<p><i>If H3_m in (0, .R, or .D) skip to H5_m.</i></p> <p><i>If H3_m =1 ask H4_o;</i></p>	<p>H3_o. In the past 12 months, did you have anal sex with this man?</p>	[_____]	<p><i>If H3_o in 0, .R, or .D skip to H5_o;</i></p>
<p>H4_m. In the past 12 months, with how many of these _____ <i>[insert number from H3_m]</i> men did you have anal sex without using a condom?</p>	[_____]		<p>H4_o. In the past 12 months, did you have anal sex without using a condom?</p>	[_____]	<p><i>If F5>1 skip to H5_m;</i></p>

Question	Response	Skip Pattern	Question	Response	Skip Pattern
H5_m. Of your _____ [insert number from F5] male casual partners in the past 12 months, how many did <u>you give</u> things like money or drugs in exchange for sex?	[_____]		H5_o. In the past 12 months, did <u>you give</u> this man things like money or drugs in exchange for sex?	[_____]	
H6_m. Of your _____ [insert number from F5] male casual partners in the past 12 months, how many <u>gave you</u> things like money or drugs in exchange for sex?	[_____]		H6_o. In the past 12 months, did this man <u>give you</u> things like money or drugs in exchange for sex?	[_____]	
H7_m. Of your _____ [insert number from F5] male casual partners, with how many did you have sex <u>for the first time</u> in the past 12 months?	[_____]	If H7_m in (0, .R, or .D), skip to H9; If H7_m =1 ask H8_o;	H7_o. Did you have sex with this man <u>for the first time</u> in the past 12 months?	[_____]	If H7_o in (0, .R, or .D), skip to H9;
H8_m. With how many of these _____ [insert number from H7_m] men did you discuss BOTH your HIV status and their HIV status before you had sex for the first time?	[_____]		H8_o. Did you discuss BOTH your HIV status and his HIV status before you had sex for the first time?	[_____]	

H9. 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

I1yy. Now ~~we~~I 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]

I1mm. 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: I1mm/I1yy

If Auto8 over 12 months ago or I1YY in (.REF, .DK) or [I1YY-year of interview > 0 and I1MM=REF or DK] skip to the Female Sex Partner section;

I2. Was the man you had sex with that last time a main or casual partner? Remember, a main sex partner is someone you feel committed to above anyone else. And a casual sex partner is someone you do not feel committed to or don't know very well.
[GIVE RESPONDENT FLASHCARD L.]

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

I3. When you had sex that last time, did you give him things like money or drugs in exchange for sex?

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

I4. When you had sex that last time, ~~did you give him things in exchange for sex or~~
~~did he give you~~ things like money or drugs in exchange for sex?

- I gave him things in exchange for sex..... 1
- He gave me things in exchange for sex 2
- No..... 0 Yes.....
- 1
- Refused to answer..... .R
- Don't Know..... .D

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 C9=0 skip to I9;

15. Think about the last man you had sex with. When you had sex that last time, did you have vaginal sex where he put his penis into your vagina?

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

If I5 is (0, .R, .D) skip to I9;

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

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

If I6 is (0, .R, .D) skip to I8;

17. Did you use the condom the whole time?

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

Skip to I9;

18. How comfortable would you have been asking this partner to use a condom during vaginal sex?

- Very comfortable..... 1
- Somewhat comfortable..... 2
- Not comfortable..... 3

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

I9. 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 I9=1 skip to I11;
 If C9=1 and I9=0 and I5 = 0 ask I10;
 If C9=1 and I9 in (0 .R .D) and I5 in (1 .R .D) skip to the logic box before I17;
 If I9 in (0 .R .D) and C9=0 skip to logic box before I13;***

I10. So this means that you only had oral sex the last time you had sex. Is that correct?

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

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

***If I10 in (1, .R or .D) skip I18;
 If I10=0 confirm what sex they had with their last partner;***

I11. 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 C9=1 and I11 is (0, .R, .D) skip to the logic box before I17;
 If C9 =0 and I11 in (0 .R .D) skip to the logic box before I13;***

I12. Did he use the condom the whole time?

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

If C9=1 skip to I18;

I13. 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 I13=1 skip to I15;
If I13 =0 and I9 = 0 ask I14;
If I13 in (.R .D) or (I13=0 and I9 in (1 .R .D)) skip to the logic box before I17;***

I14. So this means that you only had oral sex the last time you had sex. Is that correct?

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

- Refused to answer..... .R

- Don't know..... .D

***If I14=1 .R or .D skip to I18;
If I14 is (0, .R, .D) confirm what sex they had with their last partner;***

I15. 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 I15 is (0, .R, .D) skip to the logic box before I17;

I16. Did you use the condom the whole time?

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

If I11= 0 or I15=0 ask I17;

I17. How comfortable would you have been asking this last partner to use a condom during anal sex?
[READ choices. Check one.]

- Very comfortable..... 1
- Somewhat comfortable..... 2
- Not comfortable 3
- Refused to answer..... .R
- Don't Know..... .D

I18. Before or during the last time **you** had sex with this partner, did you personally use:
[Read choices. Check **only** one.]

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

If I18 is (1, 4, .R, .D) skip to I20;

I19. Which drugs did you use?
[Do not read choices. 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 15
- (Specify other drug used with sex: _____)
- Refused to answer..... .R
 - Don't know..... .D

I20. 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 I20 is (0, .R, .D) skip to I22;

I21. What was his HIV status?

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

I22. 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 I22 is (0, .R, .D) skip to I24;

I23. What was his age? _____
[Refused=.R, Don't know=.D]

I24. Which of the following best describes his race?
[GIVE RESPONDENT FLASHCARD M.] READ choices. Check one.]

- American Indian or Alaska Native..... 1
- Asian 2
- Black or African American 3
- Hispanic or Latino..... 4
- Native Hawaiian or Other Pacific Islander..... 5
- White 6
- Refused to answer..... 7
- Don't know..... 9

I25. Have you ever talked to this partner about you being transgender?

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

I26. As far as you know, has this partner ever injected drugs like heroin, cocaine, crystal meth, or speed?
Would you say he: _____

[GIVE RESPONDENT FLASHCARD N. Read choices, Check one.]

- Definitely did not..... 0
- Probably did not..... 1
- Probably did..... 2
- Definitely did 3
- Refused to answer..... R
- Don't know..... D

I27. As far as you know, has this partner ever used crack cocaine? Would you say he:

[GIVE RESPONDENT FLASHCARD N. Read choices, Check one.]

- Definitely did not..... 0
- Probably did not..... 1
- Probably did..... 2
- Definitely did 3
- Refused to answer..... R
- Don't know..... D

I28. As far as you know, has this partner ever been in prison or jail for more than 24 hours?

Would you say he:

[GIVE RESPONDENT FLASHCARD N. Read choices, Check one.]

- Definitely did not..... 0
- Probably did not..... 1
- Probably did..... 2
- Definitely did 3
- Refused to answer..... R
- Don't know..... D

I29. How long have you been having a sexual relationship with this partner? Was it...

[GIVE RESPONDENT FLASHCARD O]

- 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 I29 in (.R, .D) skip to the Female Sex Partners section;
 If I29 in (1, 2) skip to the Length of Relationship: A year or less section;**

Length of the relationship: Over a year

I30. 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:

[GIVE RESPONDENT FLASHCARD N. *Read choices, Check one.*]

- Definitely did not..... 0
- Probably did not..... 1
- Probably did..... 2
- Definitely did 3
- Refused to answer..... R
- Don't know..... D

I31. 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

Length of the relationship: A year or less

I32. 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:

[GIVE RESPONDENT FLASHCARD N. *Read choices, Check one.*]

- Definitely did not..... 0
- Probably did not..... 1
- Probably did..... 2
- Definitely did 3
- Refused to answer..... R
- Don't know..... D

I33. 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 I29 is (4) skip to the Female Sex Partners section;

I34. Where did you first meet this partner?

[DO NOT READ CHOICES, Check only one.]

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

Female Sex Partners

SAY: Now I would like to ask you some questions about having sex with women. I need to ask you these questions even if some don't apply to you. Please remember your answers will be kept private.

[GIVE RESPONDENT FLASHCARD K]

For these questions, "having sex" means oral, vaginal, or anal sex. "Oral" sex means mouth on the penis or vagina. "Vaginal" sex means a penis in the vagina. "Anal" sex means penis in the anus (butt).

J1. 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 J1 is (0, .R, .D) skip to the Transgender Sex Partners section;

J2. How old were you the first time you had oral, vaginal, or anal sex with a woman?

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

J3. In the past 12 months, with how many different women have you had oral, vaginal or anal sex?

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

***If C9 =1 or J3 in (0, .R, .D) skip to the Transgender Sex Partners section;
 If C9=0 and J3 =1 skip to J5;***

Multiple Sex Partners

J4. In the past 12 months, with how many of these _____ ***[insert number from J3]*** women did you have **either** vaginal or anal sex without using a condom?

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

Skip to the Transgender Sex Partners section;

Single Sex Partner

J5. In the past 12 months, did you have either vaginal or anal sex with her without using a condom?

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

Transgender Sex Partners

SAY: The next questions are about transgender persons with whom you have had sex. By “transgender” I mean persons who were born either male or female but who identify, live, or present 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.

- K1. 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 K1 is (0, .R, .D) skip to the Alcohol Use History Section;
 If K1 =1 skip to K4;*

Multiple sex partners

- K2. In the past 12 months, with how many of these _____ *[insert number from K1]* persons did you have vaginal or anal sex without using a condom?
 _____ *[Refused = .R, Don't know = .D]*

- K3. Did you include any of these _____ *[insert number from K2]* 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

Skip to K6;

Single sex partner

- K4. 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

K5. 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

K6. 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. **[SHOW RESPONDENT FLASHCARD P (PICTURE OF ALCOHOL DRINK SIZE)]**

L1. 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

L1 is (0, .R, .D) skip to the Injection Drug Use section;

L2. In the past 30 days, on how many days did you drink any alcohol?

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

If L2 is (0, .R, .D) skip to the Injection Drug Use section;

L3. 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]***

L4. 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]***

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 partner1
 Friend or acquaintance2
 Relative3
 A person with access to needles or hormones..4
 Stranger.....5
 Other (specify.....).....6
 Refused to answer.....R
 Don't know.....D

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 = 5 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. And it **does not include** hormone or silicone injections. Please remember your answers will be kept private.

- M1. Have you ever in your life shot up or injected any drugs other than those prescribed for you? By shooting up, I 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 M1 is (0, .R, .D) skip to Non-injection Drug section;

- M2. 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?
- ___ ___ years old ***[Refused = .R, Don't know = .D]***

- M3. ***When was the last time you injected any drug? That is, how many days or months or years ago did you last inject any drug other than hormones or silicone?***

_____ Year: _____ ***[Interviewer: If today, enter "0"]***
 _____ ***[Refused = .R, Don't know = .D]***

If M3 in (0 .R .D) skip to the Non-injection Drug section;

- M4. ***Interviewer:*** Was this days or months or years? [If today, enter "Days".] (Check only one.)

_____ Days.....0
 _____ Months.....1
 _____ Years..... 2
 _____ Don't Know..... .D
 _____ Refuse to Answer..... .R

If [M4=0 and M3>365] or [M4=1 and M3>12] or [M4=2 and M3>1] or M4 in (.R .D) skip to the Non-injection Drug section;

SAY: The next questions are about injection drug use in what month the past 12 months. When I ask you about "needles," I'm talking about needles and syringes.

M5. In the past 12 months, on average, how often did you inject?

[GIVE RESPONDENT FLASHCARD Q. Read Choices. Check one.]

- Never..... 00
- More than once a day.....01
- Once a day..... 02
- More than once a week.....03
- Once a week..... 04
- More than once a month.... 05
- Once a month..... .06
- Less than once a month..... 07
- Refused to answer..... .R
- Don't Know..... .D

SAY: I'm going to read you a list of drugs. For each drug I mention, please tell me how often you injected it in the past 12 months.

GIVE RESPONDENT FLASHCARD Q.

M6. How often did you inject:

[Read each drug choice. Check only one response per type of drug]

	Never	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
a. Heroin and cocaine together (speedballs)	<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
b. Heroin alone.....	<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
c. Powdered cocaine alone	<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
d. 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
e. 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
f. Oxycontin.....	<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
g. Other injected drug...	<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

(Specify _____)

M7. In the past 12 months have you injected any other drugs?

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

If M7 is (0, .R, .D) skip to M10;

M8. What other drugs have you injected? _____

M9. How often did you inject [*Insert response from M8*] in the past 12 months?
 [GIVE RESPONDENT FLASHCARD Q. Check one.]

- Never.....0
- More than once a day.....1
- Once a day..... 2
- More than once a week..... 3
- Once a week..... 4
- More than once a month..... 5
- Once a month..... 6
- Less than once a month..... 7
- Refuse to Answer..... .R

SAY: The next questions are about injection drug use in the past 12 months. The word "needles" means both needles and syringes.

M10. In the past 12 months when you injected, did you get your needles at any of the following places?
 Did you get them from....
 [GIVE RESPONDENT FLASHCARD H.]

	No	Yes	RF	DK
a. Did you get needles for injecting drugs from a pharmacy or a drug store or pharmacy?	<input type="checkbox"/> 0... <input type="checkbox"/> 1...	<input type="checkbox"/> .R.	<input type="checkbox"/> .D	
b. 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	
c. 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	
d. 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	
e. 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	
f. Did you get needles for injecting drugs from off the internet?	<input type="checkbox"/> 0... <input type="checkbox"/> 1...	<input type="checkbox"/> .R.	<input type="checkbox"/> .D	
g. 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	

If M10g is (0, .R, .D) then skip to M11;

h. Where else have you gotten needles to inject drugs? _____

M11. 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 GIVE RESPONDENT FLASHCARD I. Read choices. Check 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 your injecting behaviors in the past 12 months. Remember these questions do not include hormone or silicone injections.

M12. 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]**

M13. 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," I mean water for rinsing needles or preparing drugs.
 ___ ___ ___ **[Refused = .R, Don't know = .D]**

M14. 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]**

If M11=4 or M12 in (0, .R or .D) skip to logic box before M16;

M15. In the past 12 months, how often did you use needles that someone else had already injected with?
[GIVE RESPONDENT FLASHCARD I. 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
- Don't know..... .D

If M13 in (0, .R or .D) skip to logic box before M17;

M16. In the past 12 months when you injected, how often did you use cookers, cottons, or water that someone else had already used?
[GIVE RESPONDENT FLASHCARD I. 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

If M14 in (0, .R or .D) skip to the Last Sharing Partner Section;

M17. 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?

[GIVE RESPONDENT FLASHCARD I. 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

Last Sharing Partner

If M12 in (0, .R or .D) AND M13 in (0, .R or .D) AND M14 in (0, .R or .D) skip to the Last Sharing Partner Section;

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

M18yy. What year was the last time you injected drugs with someone?

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

M18mm. In ***[Insert year from M16yy]***, in what month did you last inject drugs with someone?

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

AUTO14. Date of last IDU: M18mm/M18yy

***If Auto14 over 12 months ago or M18yy in (.R .D) or [M18yy-year of interview > 0 and M18mm in (.R or .D)] skip to the Non-Injection Drug section;
If M12 in (0 .R .D) or M11=4 skip to logic box before M20;***

M19. 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 M19 = 1 or M11=4 skip to M21;

M20. 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

M21. 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

M22. 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.

M23. ~~Is~~Was this person male, female, or transgender?

- Male..... 1
- Female..... 2
- Transgender, ~~Male to Female~~..... 3
- ~~Transgender Female to male~~ 4
- Refused to answer..... .R
- Don't know..... .D

If M23 in (2 3 .R .D) skip to M25;

M24. Has this person ever had sex with a man?

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

M25. 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 M25 is (0, .R, .D) skip to M27;

M26. What was their HIV status?

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

M27. 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 M27 is (0, .R, .D) skip to M29;

M28. What was the result of their hepatitis C test?

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

M29. Which of the following best describes your relationship to this person? Would you say this person was a:

[GIVE RESPONDENT FLASHCARD R. Read choices, Check only one.]

- Sex partner 1
- Friend or acquaintance 2
- Relative 3
- Needle or drug dealer..... 4
- Stranger..... 5
- ~~Other~~ ***Some other relationship***..... 6
- (Specify other relationship:)***
- Refused to answer..... .R
- Don't know..... .D

N3. In the past 12 months have you used any other non-injection drugs?

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

If N3 is (0, .R, .D) skip to N6;

N4. What other non-injection drugs have you used?

N5. How often did you use [*Insert response from N4*] in the past 12 months?
[GIVE RESPONDENT FLASHCARD Q. Read choices. Check only one.]

- Never..... 0
- More than once a day..... 1
- Once a day..... 2
- More than once a week..... 3
- Once a week..... 4
- More than once a month..... 5
- Once a month..... 6
- Less than once a month..... 7
- Refuse to Answer..... .R

N6. 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 N6 in (0, .R, .D) or N2b in (0, .R) then skip to the Alcohol and Drug Treatment Section;

N7. 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.

- O1. Have you ever participated in **either** an alcohol or drug treatment program?
- No..... 0
 - Yes..... 1
 - Refused to answer..... .R
 - Don't know..... .D

If O1 in (0, .R, .D) then skip O3;

- O2. 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

- O3. 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

If O1 in (0, .R, .D) then skip O5;

- O4. 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

- O5. 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.

P1. Have you ever been tested for HIV?

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

If P1 in (0, .R, .D) then skip to the logic box before P11

P2yy. In what year was your first HIV test?

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

P2mm. In *[Insert year from P2yy]*, in what month was your first HIV test?

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

AUTO15. Date of first HIV test: P2mm/P2yy

P3. 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] ____ ____ ____

~~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? **[Check only one.]**

- _____ 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 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

P4yy. In what year was your most recent HIV test?

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

P4mm. In **[Insert year from P4yy]**, in what month was your most recent HIV test?

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

AUTO16. Date of most recent HIV test: P4mm/P4yy

If P4YY = .REF or .DK or [P4YY-year of interview =1 and P4MM=REF or DK] ask P5;

P5. 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 P9;

P6. When you got tested in ____/____ ***[insert date of most recent test (AUTO16)]***, where did you get tested?

[DO NOT READ CHOICES.]

- 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 P6 is not 2 skip to P8;

P7. You indicated you were tested in a hospital or medical center in ____/____ ***[insert date of most recent test (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 wanted to check your HIV status? | <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?.....
(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. _____

109. When you got tested in ____/____ *[insert date from of most recent test (AUTO16)]*, 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 |

P8. When you got tested in ____/____ *[insert date from AUTO16]*, was it a rapid test where you could get your results within a couple of hours?

- | | |
|------------------------|----|
| No..... | 0 |
| Yes..... | 1 |
| Refused to answer..... | .R |
| Don't know..... | .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 answerR
- Don't knowD

P9. 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 P9 =1 skip to logic box before P11;
 If P9 =2 skip to the HIV Positive Persons section;
 If P9 in (.R .D) skip to the Prophylaxis section;***

P10. Before your test in ____/____ *[insert date of most recent test (AUTO16)]*, did you ever test positive for HIV?

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

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:

**If P10=1 skip to the HIV Positive Persons section;
If Auto16 ≤ 12 months ago OR P5 in (0, .REF, .DK) skip to the Prophylaxis Section;**

	No	Yes	Refused to answer	Don't know
113a. Because you think you are at low risk for HIV infection?....	<input type="checkbox"/> -0	<input type="checkbox"/> -1	<input type="checkbox"/> :R	<input type="checkbox"/> :D
113b. Because you were afraid of finding out if you had HIV?...	<input type="checkbox"/> -0	<input type="checkbox"/> -1	<input type="checkbox"/> :R	<input type="checkbox"/> :D
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	<input type="checkbox"/> :D
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	<input type="checkbox"/> :D
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	<input type="checkbox"/> :D
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	<input type="checkbox"/> :D
113g. Because you didn't have time?.....	<input type="checkbox"/> -0	<input type="checkbox"/> -1	<input type="checkbox"/> :R	<input type="checkbox"/> :D
113h. Because you didn't know where to go to get tested?.....	<input type="checkbox"/> -0	<input type="checkbox"/> -1	<input type="checkbox"/> :R	<input type="checkbox"/> :D
113i. Because you couldn't get transportation to a testing place?..	<input type="checkbox"/> -0	<input type="checkbox"/> -1	<input type="checkbox"/> :R	<input type="checkbox"/> :D
113j. Because you don't like needles?.....	<input type="checkbox"/> -0	<input type="checkbox"/> -1	<input type="checkbox"/> :R	<input type="checkbox"/> :D

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

P11. I'm going to read you a list of reasons why some people have not been tested for HIV. Which of these reasons ~~was~~best describes the most important reason you have not been tested for HIV in

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

the past 12 months? _____ [Refused to answer=.R, Don't know=.D]

[READ CHOICES. Check one.]

- _____ You think you are at low risk for HIV infection?.....1
- _____ You were afraid of finding out that you had HIV?...2
- _____ You didn't have time?.....3
- _____ You were worried the testing site would
not be transgender-sensitive?.....4
- _____ Some other reason.....5
- _____ No particular reason.....6
- _____ Refused to answer..... .R
- _____ Don't know..... .D

~~If P11 ne 5 skip to the Prophylaxis section;~~

P12. What 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]

~~Skip to the Prophylaxis section;~~

~~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

HIV Positive Persons

***If P9 in (1, .R, .D) skip to the Prophylaxis Section;
If P9 in (3, 4) and P10 in (0, .R, .D) skip to the Prophylaxis Section;***

- P13. Was your test in ____/____ ***[insert date of most recent test (AUTO16)]*** your first positive test?
 No..... 0
 Yes..... 1
 Refused to answer..... .R
 Don't know..... .D

If P13 is (1, .R, .D) skip to P15;

P14yy. In what year did you first test positive?
 Year: ____ ____ ____ ____ ***[Refused = .R, Don't know = .D]***

P14mm. In ***[insert year from P14yy]***, in what month did you first test positive?
 Month: ____ ____ ***[Refused = .R, Don't know = .D]***

AUTO17. Date of first positive test: P14mm/P14yy

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 wanted to check your HIV status?.....	<input type="checkbox"/> 0	<input 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?..... (Specify other reason _____)	<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.....	<input type="checkbox"/> 0			
Yes.....				<input type="checkbox"/> 1
Refused to answer.....				<input type="checkbox"/> .R
Don't know.....				<input type="checkbox"/> .D

P15. After you tested positive, were you asked by someone from the health department or your health care provider to give the names or contact information 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 P15 in (0, .R, .D) skip to P17;

P16. Did you give the names or contact information of any of your partners when asked?

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

P17. A negative HIV test is one that showed you did not have HIV infection. Before your first positive test in ____ / ____ *[insert date of first HIV+ test (AUTO16 or AUTO17)]*, did you ever have a negative HIV test?

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

If P17 is (0, .R, .D) skip to P19;

P18yy. In what year did you take your last negative HIV test? **WeI** want to know the year that you got tested, not the year that you got your results

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

P18mm. In *[Insert year from P18yy]*, 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: P18mm/P18yy

P19. In the 2 years before your first positive test in ____ / ____ *[insert date of first HIV+ test (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~~

HIV Treatment

Q1. 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 Q1 =1 skip to Q4yy;
If Q1 is (.R, .D) skip to Q8;***

Q2. What **areis** the **reasonsmain reason** you have never gone to a health care provider for **a medical valuation or** care related to your HIV infection?
[DO NOT READ CHOICES. Check 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 health care provider.... 04
- You can't find a health care provider or don't know where to go.... 05
- The health care provider or clinic has inconvenient location or hours.... 06
- You are too busy..... 07
- You forgot to go or missed an appointment..... 08
- You have an appointment in the near future..... 09
- Other..... 10
- 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]—~~

Q4yy. In what year did you first go to your health care provider after learning you had HIV?

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

Q4mm. In [*insert year from Q4yy*], in what month did you first go to your health care provider after learning you had HIV?

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

***If auto19 - first positive HIV test (Auto16 or Auto17) ≤ 3 months skip to Q6yy;
If interval cannot be determined (date missing) skip to Q6yy;***

AUTO19. Date first went to health care provider for HIV care: Q4mm/Q4yy

Q5. 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?

DO NOT READ CHOICES. Check 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 health care provider... 04
- You couldn't find health care provider or didn't know where to go.... 05
- The health care provider 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

Q6yy. In what year did you last go to your health care provider for HIV care?

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

Q6mm. In [*insert year from Q6yy*], 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: Q6mm/Q6yy

~~*-Calculate interval last went to health care provider or AUTO20- AUTO2-
If interval ≤ 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*~~

*If Auto20-Auto2 ≤ 6 months since last provider visit skip to Q8;
If interval cannot be determined (date missing) skip to the Q8;*

Q7. What is the main reason you have not gone to a health care provider for HIV care in the past 6 months?

[DO NOT READ CHOICES. Check 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
- Your previous health care provider was not transgender-sensitive..... 05
- You couldn't find a transgender-sensitive health care provider..... 06
- You couldn't find health care provider or didn't know where to go..... 07
- The health care provider or clinic has inconvenient location or hours..... 08
- You were too busy, you forgot to go, or missed an appointment..... 09
- You have an appointment pending..... 10
- Other..... 11
- Refused..... .R
- Don't know..... .D

~~Q8. Medicines to treat HIV and AIDS are also known as antiretroviral medicines, HAART, or the AIDS cocktail. Are you currently taking any of these antiretroviral medicines to treat your HIV infection?~~

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

*If Q8=0 skip to Q11;
If Q8 is (.R, .D) skip to the Prophylaxis Section;*

SAY: Researchers are studying whether antiretroviral medicines -- could possibly be taken to prevent HIV infection. Currently, it is unknown whether such a pill would work to prevent HIV. But if such a pill were found, it would probably have to be taken every day.

Q9. Before today, have you ever heard of people who do not have HIV taking antiretroviral medicines, to keep from getting HIV?

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

Q10. In the past 12 months, have you given your ~~AIDS medicines~~antiretroviral medicine to a sex partner who was HIV-negative because you thought it might ~~protect~~keep them from getting HIV?

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

Skip to the Health Conditions section;

Q11. What is the main reason you have never taken any antiretroviral medicines?

[DO NOT READ CHOICES. Check 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

Prophylaxis

If P9 = 2 or [P9 in (3, 4) and P10 in (1)] skip to the Health Conditions section;

SAY: Researchers are studying whether anti-HIV medicine -- a pill -- could possibly be taken to prevent HIV infection. Currently, it is unknown whether such a pill would work to prevent HIV. But if such a pill were found, it would probably have to be taken every day.

R1. Before today, have you ever heard of people who do not have HIV taking anti-HIV medicines, to keep from getting HIV?

No.....	0
Yes.....	1
Refused to answer.....	7
Don't know.....	9

R2. In the past 12 months, have you taken anti-HIV medicines after sex because you thought it would keep you from getting HIV?

No.....	0
Yes.....	1
Refused to answer.....	7
Don't know.....	9

R3. In the past 12 months, have you taken anti-HIV medicines before sex because you thought it would keep you from getting HIV?

No.....	0
Yes.....	1
Refused to answer.....	7
Don't know.....	9

R4. Please tell me if you got any of the anti-HIV medicines you took from the following people or places. Did you get them from...

[GIVE RESPONDENT FLASHCARD S. READ ALL CHOICES.]

	No	Yes	Refused to answer	Don't know
a. a drug store or pharmacy?	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
b. a doctor or other health care provider?	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
c. a friend, acquaintance, relative, or sex partner	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
d. the Internet?	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
e. any other place?.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
f. Where else have you gotten anti-HIV medicines?				

R5. Would you be willing to take HIV medicines every day to lower your chances of getting HIV?

No.....	0
Yes.....	1
Refused to answer.....	7
Don't know.....	9

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

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

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

If R2 in (0 .R or .D) and R3 in (0 .R .D) then skip to R5;

Health Conditions

Hepatitis

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

S1. 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 S1 is (0, .R, .D) skip to the say box before S5;

S2. What type or types of hepatitis have you had?
[Check all that apply.]

- Hepatitis A..... 0
- Hepatitis B..... 1
- Hepatitis C..... 2
- Other..... 3
- (Specify other hepatitis:)***
- Refused to answer..... .R
- Don't know..... .D

If S2 is (0, 1, 3, .R, .D) skip to the say box before S5;

S3. When were you told you had hepatitis C? Was it....
[GIVE RESPONDENT FLASHCARD F. Read Choices.]

- 6 months ago or less..... 0
- More than 6 months ago, but less than 1 year.... 1
- About a 1 year ago ~~or more~~..... 2
- Over a year ago, but less than 5 years ago..... 3
- Over 5 years ago..... 4
- Refused to answer..... .R
- Don't know..... .D

S4. Have you ever taken medicine to treat your hepatitis C infection?

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

~~SAY: Now I'm going to ask you about getting tested for hepatitis C. If S4 is (0, .R, .D)~~

SAY: Now I'm going to ask you about getting tested for hepatitis C.

S5. 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 S5 is (0, .R, .D) skip to the logic box before S7

S6. When did you have your most recent hepatitis C test?

~~— [Check only one.] [GIVE RESPONDENT FLASHCARD F. Read Choices.]~~

- 6 months ago or less..... 0
- More than 6 months ago, but less than 1 year..... 1
- ~~About a 1 year ago or more..... 2~~
- Over a year ago, but less than 5 years ago..... 3
- Over 5 years ago..... 4
- 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

If S2 ne 1 skip to the logic box before S10;

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

S7. ~~In the past 6 months, did you take~~ Have you ever taken any medicines to treat your hepatitis B infection?

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

S8. 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 S8 is (0, .R, .D) skip to S10;

S9. What type or types of hepatitis vaccine have you had?
[Check only one.]

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

SAY: Now, I'm going to ask you some questions about sexually transmitted diseases, or STDs other than HIV and hepatitis.

S10. At any time in your life, has a doctor or other health care provider **ever** told you that you had genital herpes?

No..... 0

Yes..... 1

Refused to answer..... .R

Don't know..... .D

S11. At any time in your life, has a doctor or other health care provider **ever** told you that you had genital warts?

No..... 0

Yes..... 1

Refused to answer..... .R

Don't know..... .D

S12. Has a doctor or other health care provider **ever** told you that you had human papillomavirus or HPV?

No..... 0

Yes..... 1

Refused to answer..... .R

Don't know..... .D

S13. In the past 12 months, that is, since (/), were you **tested** by a doctor or other health care provider for a sexually transmitted disease like gonorrhea, chlamydia, or syphilis? Do NOT include tests for HIV or hepatitis.

No..... 0

Yes..... 1

Refused to answer..... .R

Don't know..... .D

If S13 is (0, .R, .D) skip to S15;

S14. In the past 12 months, that is, since (/), were you **tested** for...
[READ choices. CHECK YES or NO for each one.]

	No	Yes	Refused to answer	Don't Know
a. Gonorrhea?.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
b. Chlamydia?.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
c. Syphilis?.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
d. Some other STD (except HIV)?.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
d.1 If Yes: Specify				

S15. In the past 12 months, that is, since (/), did a doctor or other health care provider give you **treatment, medicine, or a prescription for medicine** to treat a sexually transmitted disease like gonorrhea, chlamydia, or syphilis?

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

S16. In the **past 12 months**, has a doctor or other health care provider told you that you had gonorrhea (sometimes called Gc or clap)?

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

S17. In the **past 12 months**, has a doctor or other health care provider told you that you had Chlamydia?

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

S18. In the **past 12 months**, has a doctor or other health care provider told you that you had syphilis?

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

S19. In the **past 12 months**, has a doctor or other health care provider told you that you had any other sexually transmitted disease?

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

If S19 is (0, .R, .D) then skip to the Tuberculosis Section;

S20. What was that other STD?

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] _____

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.....	<input type="checkbox"/> -0
Yes.....	<input type="checkbox"/> -1
Refused to answer.....	<input type="checkbox"/> -R
Don't know.....	<input type="checkbox"/> -D

Tuberculosis

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.

S21. Have you ever had a TB skin test?

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

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

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

If S21 is (0, .R, .D) skip to S24;

S22. When did you have your last TB skin test for TB?—?

[GIVE RESPONDENT FLASHCARD F. Read Choices.]

- 6 months ago or less..... 0
- More than 6 months ago, but less than 1 year..... 1
- About a 1 year ago..... 2
- Over a year ago, but less than 5 years ago..... 3
- Over 5 years ago..... 4
- Refused to answer..... .R
- Don't know..... .D

143yy. In what year was _____

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

143mm. In **[insert year from 143yy]**, in what month was

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

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

S23. When you got tested for TB in [insert date from AUTO20], where did you get your last TB skin tested? [DO NOT READ CHOICES.]

- 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

S24. Have you ever had a positive TB skin test?

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

S25. Has a doctor, nurse or other health care professional ever told you that you had TB 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 S25 is (0, .R, .D) skip to the HIV Testing in Jail Section

S26. When were you most recently diagnosed with TB disease? - [GIVE RESPONDENT FLASHCARD F. Read Choices.]

- 6 months ago or less..... 0
- More than 6 months ago, but less than 1 year..... 1
- About a 1 year ago..... 2
- Over a year ago but less than 5 years ago..... 3
- Over 5 years ago..... 4

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

Year: _____ {.....Refused = .R, Don't know = .D}

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

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

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.

- T1. 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 T1 is (0, .R, .D) skip to Prevention Assessment Section;

- T2. 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 T2 is (1, .R, .D) skip to T4

- T3. How many days were you in detention, jail, or prison?
 ___ ___ ___ # of days ***[Refused=.R, Don't know=.D]***

- T4. The last time you were in detention, jail, or prison, did you get a test for HIV?
 No..... 0 Yes.....
 1
 Refused to answer..... .R
 Don't know..... .D

If T4 is (0, .R, .D) skip to T6

- T5. Did you get the results of that HIV test?
 No..... 0
 Yes..... 1
 Refused to answer..... .R
 Don't know..... .D

T6. The last time you were in detention, jail, or prison, did you get a test for hepatitis C?

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

If T6 is (0, .R, .D) skip to T8;

T7. Did you get the results of that hepatitis C test?

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

If B4 in (0, .R, .D) skip to the Prevention Activities Section;

T8. 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
I was not receiving hormone therapy at the time..... N
Refused to answer..... R
Don't Know..... .D

Prevention Activities

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

Free Condoms

U1. 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

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~~

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, Lesbian or Bisexual organization 3~~
- ~~Needle exchange program 4~~
- ~~Community or 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.....~~

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, Lesbian or Bisexual organization 3
 - _____ Needle exchange program 4
 - _____ Community or 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.....

U2. Have you used any of the free condoms you received?

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

Sterile Needles

If [[[M4=0 and M3>31) or (M4=1 and M3>12) or (M4=2 and M3>1)] or M4 in (.R .D)]] AND C3 in (0 .R .D .S)] skip the Cookers and Cotton section;

U3. 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 U3 is (0, .R, .D) skip the Cookers and Cotton section;

U4. Did you get the free sterile needles at any of the following places?
[GIVE RESPONDENT FLASHCARD T. READ CHOICES, Check all that apply.]

- HIV/AIDS-focused community organization 1
- Transgender organization 2
- Gay, Lesbian, or Bisexual organization3
- Needle exchange program 4
- Community or public health clinic..... 5
- Drug treatment program..... 6
- Other 9
- (Specify other place for getting needles: _____)***
- Refused to answer..... .R
- Don't Know..... .D

If U4 in (2, .R or .D) skip to U6;

U5. Did you get sterile needles from a transgender program at those organizations?

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

U6. Have you used any of the free sterile needles you received?

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

Cookers or Cotton

If [M4=0 and M3>31] or [M4=1 and M3>12] or [M4=2 and M3>1] or M4 in (.R .D) skip to the Individual-Level Interventions section;

U7. 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
- Yes..... 1
- Refused to answer..... .R
- Don't Know..... .D

If U7 is (0, .R, .D) skip to the Individual-Level Interventions section;

U8. Did you get those free items at any of the following places?

[GIVE RESPONDENT FLASHCARD T. READ CHOICES, Check all that apply.]

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

If U8 in (2, .R or .D) skip to U10;

U9. 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

U10. Have you used the free cookers or cottons that you received?

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

Individual-level Interventions

U11. 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 U11 is (0, .R, .D) skip to the Group-level Interventions Section;

U12. Which type of organization did they work for?
[GIVE RESPONDENT FLASHCARD T. READ CHOICES, Check all that apply.]

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

If U12 is (2, .R, .D) skip to U14;

U13. 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

U14. During those one-on-one conversation(s), did you:

	No	Yes	Refused to answer	Don't Know
a. 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	
<i>If yes, ask:</i>				
b. 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	
c. Discuss ways to effectively use condoms?.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
<i>If yes, ask:</i>				
d. Practice ways to effectively use condoms?.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
<i>[If IDU in past 12 months(Auto14<12m), ask:]</i>				
e. Discuss how to prepare for safe drug-injections?.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
<i>If yes, ask:</i>				
f. Practice safe drug-injecting practices?.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
<i>[If hormone injection in past 12 months (Auto9<12m), ask:]</i>				
g. 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	
<i>If yes, ask:</i>				
h. Practice cleaning needles for hormone injections?...	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
<i>[If silicone or other substance injections in past 12 months (Auto11<12m), ask:]</i>				
i. 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 U14a=1 or U14c=1 or U14e or U14g or U14i=1 ask U15; otherwise skip to the Group-Level Interventions Section;

U15. How transgender-sensitive were these discussions? ***[READ CHOICES.]***

- Not sensitive at all..... 1
- A little sensitive..... 2
- Somewhat sensitive..... 3
- Very sensitive..... 4
- Refused to answerR
- Don't Know..... .D

Group-level Interventions

U16. 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..... 0
- Yes..... 1
- Refused to answer..... .R
- Don't Know..... .D

If U16 is (0, .R, .D) skip to the Gender Identity section;

U17. Which type of organization sponsored those sessions?
[GIVE RESPONDENT FLASHCARD T. READ CHOICES, Check all that apply.]

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

If U17 is (2, .R, .D) skip to U19;

U18. Were these sessions sponsored by a transgender program at those organizations?

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

U19. During those organized group session(s), did you:

	No	Yes	Refused to answer	Don't Know
a. 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	

If yes, ask:

b. 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	
--	---	-----------------------------	-----------------------------	--

c. Discuss ways to effectively use condoms?.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
--	---	-----------------------------	-----------------------------	--

If yes, ask:

d. Practice ways to effectively use condoms?.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
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[If IDU in past 12 months(Auto14<12m), ask:]

e. Discuss how to prepare for safe drug-injections?.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
--	---	-----------------------------	-----------------------------	--

If yes, ask:

f. Practice safe drug-injecting practices?.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
---	---	-----------------------------	-----------------------------	--

[If hormone injection in past 12 months (Auto9<12m), ask:]

g. 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	
---	---	-----------------------------	-----------------------------	--

If yes, ask:

h. Practice cleaning needles for hormone injections?...	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> .R	<input type="checkbox"/> .D	
---	---	-----------------------------	-----------------------------	--

[If silicone or other substance injections in past 12 months (Auto11<12m), ask:]

i. 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 U19a=1 or U19c=1 or U19e or U19g or U19i=1 ask U20; otherwise skip to the Gender Identity section;

U20. How transgender-sensitive were these discussions? **[READ CHOICES.]**

- Not sensitive at all..... 1
- A little sensitive..... 2
- Somewhat sensitive..... 3
- Very sensitive..... 4
- Refused to answer..... .R
- Don't Know..... .D

Gender Identity

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

V1. Which of the following terms have **you** used to describe **your** gender identity?

[GIVE RESPONDENT FLASHCARD U. READ CHOICES, Check all that apply.]

<u>Female or woman.....</u>	<u>1</u>	
Transsexual	2	
Transgender	3	3
Transwoman	4	
Bigender or Third gender.....	5	
Cross-dresser or transvestite.....	6	
Gender bender <u>Gender, gender</u> queer <u>Gender, or gender</u> variant.....	7	
<u>.....</u>		7
Butch queen.....	9	
Fem queen	8	
Girl.....	9	
Female impersonator <u>or drag queen.....</u>	<u>10</u>	
Female or woman.....	13	
Male' or 'Man' to describe gender.....	14	
Other <u>Some other</u> term for gender identity <u>used:</u>	<u>11</u>	
<u>(Specify other terms used:)</u>		
Refused to answer.....		.R
Don't Know.....		.D

SAY: Thank you for taking the time to participate in this survey.

End of Survey (SECTION NOT READ TO RESPONDENT)

Note: the following questions are for the interviewer to complete

W1. How confident are you of the validity of the respondent's answers?

- Confident..... 1
- Some doubts..... 2
- Not confident at all..... 3

If W1 in (2 3)

W2. Please explain why you are not confident in the respondent's answers:

W3. Do you have any additional comments to add?

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

If W3=0 skip to the end of the core survey.

W4. Enter comments below:

End of the core survey.

AUTO23. Time ACASIcore survey ended: ___:___:___ AM PM

ACASI Evaluation

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

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:_____