

Form Approved:
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Transgender HIV Behavioral Survey (THBS)

Behavioral Assessment

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC Information Collections Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0794).

AUTO7. Time core questionnaire began: ____:____:____ [Military time HH:MM:SS]

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 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" I mean you were living on the street, in a shelter, in a Single Room Occupancy hotel (SRO), 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?

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 one.]

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

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 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 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.

[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?

- 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?
[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 your health insurance or health care coverage pay for hormone therapy?

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

A14. Does your health insurance or health care coverage pay any 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

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

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. a drug store or pharmacy? | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| E8. a doctor's office, clinic, or hospital? | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| E9. a friend, acquaintance, relative, or sex partner? | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| E10. a needle exchange program? | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| E11. the internet? | <input type="checkbox"/> 0... | <input type="checkbox"/> 1... | <input type="checkbox"/> .R. | <input type="checkbox"/> .D |
| E12. any other place? | <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.

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;**

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;**

Single sex
partner

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><i>If G1_m in (0, .R, or .D) skip to G3_m;</i></p> <p><i>If G1_m =1, ask G2_o;</i></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><i>If G1_o in (0, .R, or .D) skip to G3_o;</i></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><i>If F4>1, skip to G3_m;</i></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><i>If G3_m in (0, .R, or .D) skip to G5_m;</i></p> <p><i>If G3_m =1, ask G4_o;</i></p>	<p>G3_o. In the past 12 months, did you have anal sex with this man?</p>	[_____]	<p><i>If G3_m in (0, .R, or .D) skip to G5_o;</i></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><i>If F4>1, skip to G5_m;</i></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?	[_____]	<i>If G7_m in (0, .R, or .D) skip to Casual Male Sex Partner Section;</i> <i>If G7_m =1, ask G1_o;</i>	G7_o. Did you have sex with this man <u>for the first time</u> in the past 12 months?	[_____]	<i>If G7_o in (0, .R, or .D) skip to Casual Male Sex Partner Section;</i>
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>If H1_m in (0, .R, or .D) skip to H3_m.</p> <p>If H1_m =1 then ask H2_o;</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>If H1_o in (0, .R, or .D) skip to H3_o.</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>If F5>1, skip to H3_m;</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>If H3_m in (0, .R, or .D) skip to H5_m.</p> <p>If H3_m =1 ask H4_o;</p>	<p>H3_o. In the past 12 months, did you have anal sex with this man?</p>	[_____]	<p>If H3_o in 0, .R, or .D skip to H5_o;</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>If F5>1 skip to H5_m;</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 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 he give you** things like money or drugs in exchange for sex?

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

If C9=0 skip to I9;

I5. 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;

I6.

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;

I7. Did you use the condom the whole time?

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

Skip to I9;

I8. 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 one.]

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

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

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?

[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 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

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

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. a drug store or pharmacy?	<input type="checkbox"/> 0... <input type="checkbox"/> 1...	<input type="checkbox"/> .R. <input type="checkbox"/> .D		
b. a doctor's office, clinic, or hospital?	<input type="checkbox"/> 0... <input type="checkbox"/> 1...	<input type="checkbox"/> .R. <input type="checkbox"/> .D		
c. a friend, acquaintance, relative, or sex partner?	<input type="checkbox"/> 0... <input type="checkbox"/> 1...	<input type="checkbox"/> .R. <input type="checkbox"/> .D		
d. 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. a needle exchange program?	<input type="checkbox"/> 0... <input type="checkbox"/> 1...	<input type="checkbox"/> .R. <input type="checkbox"/> .D		
f. the internet?	<input type="checkbox"/> 0... <input type="checkbox"/> 1...	<input type="checkbox"/> .R. <input type="checkbox"/> .D		
g. any other place?	<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?
[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. Was this person male, female, or transgender?

- Male..... 1
- Female..... 2
- Transgender..... 3
- 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
- Some other relationship..... 6
- (Specify other relationship: _____)**
- Refused to answer..... .R
- Don't know..... .D

Non-Injection Drug Use

SAY: Now I'm going to ask you about drugs that you may have used but **did not** inject. I will refer to these as non-injection drugs. This includes drugs like marijuana, crystal meth, cocaine, crack, club drugs, painkillers, or poppers.

It **does not include** hormones or drugs prescribed to you.

N1. In the past 12 months, have you used any non-injection drugs, other than those prescribed for you?

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

If N1 in (0, .R, .D,) then skip to the Alcohol and Drug Treatment Section;

SAY: I'm going to read you a list of drugs. For each drug I mention, please tell me how often you used it in the past 12 months. **Do not** include drugs you injected or drugs that were prescribed for you.

[GIVE RESPONDENT FLASHCARD Q]

N2. In the past 12 months, how often did you use:

	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. Marijuana									
b. 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
c. 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
d. Powdered cocaine that is smoked or snorted	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
e. Downers such as Valium, Ativan, or Xanax not prescribed to you	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
f. Painkillers such as Oxycontin, Vicodin, or Percocet not prescribed to you	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
g. Hallucinogens such as LSD or mushrooms	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
h. X or Ecstasy	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
i. Heroin that is smoked or snorted	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
j. GHB	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R
k. Poppers (amyl nitrate)	<input type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> .R

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] ____ ____ ____

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

P8. When you got tested in ____/____ [*insert date of most recent test (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

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

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;

P11. I'm going to read you a list of reasons why some people have not been tested for HIV. Which of these best describes the most important reason you have not been tested for HIV in the past 12 months?

[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;

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

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

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? I 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*]

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 is the main 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

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

***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. Are you currently taking 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 antiretroviral medicine to a sex partner who was HIV-negative because you thought it might 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

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

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



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..... 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

If S4 is (0, .R, .D) skip to the box before Q138

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?
[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 S2 ne 1 skip to the logic box before S10;

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

S7. 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 (<u>except</u> HIV)?.... | <input type="checkbox"/> 0..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 7..... | <input type="checkbox"/> 9 |
| d.1 <i>If Yes: Specify</i> _____ | | | | |

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? _____

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

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

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

[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

S23. Where did you get your last TB skin test? ***[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, I 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
- Refused to answer..... .R
- Don't know..... .D

HIV Testing in Jail

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

- 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

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 $[(M4=0 \text{ and } M3>31) \text{ or } (M4=1 \text{ and } M3>12) \text{ or } (M4=2 \text{ and } M3>1)] \text{ or } M4 \text{ in } (.R .D)] \text{ AND } C3 \text{ in } (0 .R .D .S)$ 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
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	

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	
---	---	-----------------------------	-----------------------------	--

[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	
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[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	
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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	
<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 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.]

Female or woman.....	1
Transsexual	2
Transgender	3
Transwoman	4
Bigender or Third gender.....	5
Cross-dresser or transvestite.....	6
Gender bender, gender queer, or gender variant	7
Fem queen	8
Girl.....	9
Female impersonator or drag queen.....	10
Some other term for gender identity	11
(Specify other terms used: _____)	
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 core survey ended: __ __ : __ __ : __ __ [Military time HH:MM:SS]