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Attachment 3d: Interview Guide HIV Negative Transgender Women

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Interview Guide: HIV-Negative Transgender Women

Participant ID: _____ Data Collector ID: _____

Date: _____ Start time: __: __ am/pm End time: __: __ am/pm

INTRODUCTION AND PURPOSE OF INTERVIEW

Hello my name is _____ and I work for [Atlas Research or Abt Associates]. My company was selected by the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) to conduct a study to better understand the current barriers and facilitators to HIV prevention, care, and treatment for transgender women.

We are doing this study because we want to learn about how transgender women protect themselves from HIV, and how they take care of themselves if they have HIV. As part of this study, we are asking 20 transgender women living with HIV, 20 HIV-negative transgender women, and 10 providers who see transgender women in their clinic or office, to take part in a one hour interview in three different cities. The conversations we have will help us understand how we can improve HIV prevention and care for transgender women.

This interview is going to include a mix of open-ended and close-ended questions. For any close-ended questions, we will point to a list of responses for you to choose from. Throughout our discussion, if there are any questions you would prefer not to answer, just let me know and we can skip to the next question. Do you have any questions before we begin?

IMPACT OF HIV IN THE TRANSGENDER COMMUNITY

1. How would you describe the impact of **HIV in the transgender community**?
2. Whom do you see in the transgender community being most at risk for HIV and why?

INCOME AND HOUSING

3. **During the last 12 months, where did you get your income? (Check *all that apply*)**

- | | | |
|---|--------------------------|---|
| Working full time job, 35 hours or more a week | <input type="checkbox"/> | 1 |
| Working part-time, less than 35 hours a week | <input type="checkbox"/> | 2 |
| Unemployment benefits | <input type="checkbox"/> | 3 |
| Public assistance (e.g., Welfare, food stamps, AFDC, GA, Cal-works) | <input type="checkbox"/> | 4 |
| VA benefits | <input type="checkbox"/> | 5 |
| Disability, SSA or SSI (Supplementary Security Income) | <input type="checkbox"/> | 6 |
| Main partner or sexual partner supports me | <input type="checkbox"/> | 7 |

Other family	<input type="checkbox"/>	8
Friends	<input type="checkbox"/>	9
Sex work	<input type="checkbox"/>	10
Selling drugs	<input type="checkbox"/>	11
Hustling (petty theft, shoplifting, panhandling, recycling, scams)	<input type="checkbox"/>	12
Self employed	<input type="checkbox"/>	13
Other <i>Please specify:</i> _____	<input type="checkbox"/>	14
Refused to answer	<input type="checkbox"/>	99

4. How has being a transgender woman affected your ability to maintain a stable income?

- a. Have you ever experienced any form of **discrimination due to your gender identity** when trying to maintain a stable income?
- b. Has being able to maintain a stable income **affected your ability to seek HIV prevention services?** If so, how?

5. **Do you pay for your current housing?**

- Yes 1
- No 0
- Don't Know 77
- Refused to Answer 99
- Not Applicable 14

a. **What best describes your current housing status (Check one)**

- Your own private house or apartment 1
- A home or apartment where you share a mortgage or lease with a roommate 2
- Someone else's apartment or home 3
- A transitional house/halfway house 4
- A shelter 5
- On the streets/homeless 6
- Some other place 7
- Please specify:* _____
- Don't Know 77
- Refused to Answer 99

6. How has being a transgender woman affected your ability to maintain stable housing?

- a. Have you ever experienced any form of **discrimination due to your gender identity** when trying to maintain stable housing?

- b. Has being able to maintain stable housing affected your **ability to seek HIV prevention services**? If so, how?

HEALTHCARE

7. Do you currently have health insurance coverage? This includes health exchange/Affordable Care Act (ACA/Obamacare), Medicaid, or Medicare. (*Check one*)

No	<input type="checkbox"/>	0
Yes	<input type="checkbox"/>	1
Don't know	<input type="checkbox"/>	77
Refused	<input type="checkbox"/>	99

IF ANSWERED 'NO', 'DON'T KNOW', OR 'REFUSED TO ANSWER' TO QUESTION 7, SKIP TO QUESTION NUMBER 9

8. What kind of health insurance coverage do you currently have? (*Check all that apply*)

Private health insurance or HMO	<input type="checkbox"/>	1
Medicaid	<input type="checkbox"/>	2
Medicare	<input type="checkbox"/>	3
TRICARE (CHAMPUS)	<input type="checkbox"/>	4
Veterans Administration coverage	<input type="checkbox"/>	5
Some other insurance	<input type="checkbox"/>	6
<i>Please specify:</i> _____		
Don't know	<input type="checkbox"/>	77
Refused to answer	<input type="checkbox"/>	99

9. What types of health care or service providers do you currently see? (*Check all that apply*)

Primary Care or General Provider (e.g., Physician, Nurse Practitioner, or Physician's Assistant)	<input type="checkbox"/>	1
Infectious Disease//HIV Physician or Doctor	<input type="checkbox"/>	2
Specialty Care Physician or Doctor	<input type="checkbox"/>	3
<i>Please list the specialty:</i>		
Mental Health Provider	<input type="checkbox"/>	4
Substance Abuse Counselor	<input type="checkbox"/>	5
Social Worker and/or Case Manger	<input type="checkbox"/>	6
Health Educator in HIV Prevention (e.g., support group counselor at a CBO)	<input type="checkbox"/>	7
Housing Coordinator	<input type="checkbox"/>	8
Other	<input type="checkbox"/>	9
None	<input type="checkbox"/>	10
Don't know	<input type="checkbox"/>	77

IF ANSWERED 'NONE' OR 'REFUSED TO ANSWER' TO QUESTION 9, SKIP TO QUESTION NUMBER 13

10. What do you look for in a healthcare provider?

- a. What services are you seeing these providers for?
- b. How did you find your healthcare provider(s)?

11. Have you shared your gender identity with your healthcare providers?

- a. What are/were your concerns about sharing your gender identity with healthcare providers? (e.g., confidentiality)
- b. What are/were your concerns about sharing your gender identity with others in the healthcare setting? (e.g., case managers, receptionists, etc.)
- c. How has sharing your gender identity affected your ability to receive competent health services?
- d. Have you had difficulties with your care due to sharing your gender identity? How so?
- e. Have you ever been denied care due to your gender identity?

12. As part of this study, we are also interviewing healthcare providers in each city. We are currently gathering a list of healthcare providers in each city that provide care to our transgender participants, and from that list we will select 3-4 healthcare providers in each city to invite them to participate in an interview. Are there any healthcare providers that are currently providing or have previously provided you care that you recommend we speak to? Of course, your participation in this interview remains strictly confidential so we will not in any way mention your name or participation in this study.

- a. How long have you been seeing/did you see this provider(s)?
- b. What kinds of healthcare services does this provider provide?

IF PARTICIPANT IS CURRENTLY SEEING A HEALTHCARE PROVIDER, SKIP TO QUESTION NUMBER 14

13. What prevents you from seeking care from a provider?

- a. What would be most important to you if you decided to seek care?

GENDER CONFIRMATION SURGERY

14. **Have you had any type of gender confirmation surgery?**

Yes 1
No 0
Refuse to answer 99

- a. **If yes, what types of gender confirmation surgery have you had? (Check all that apply)**

Lower

Penectomy (removed penis) 1
Castration (removed testicles) 2
Vaginoplasty (constructed a vagina) 3

Upper

Breast enhancement/augmentation 4
Facial Feminization Surgery (FFS) 5

Other

Please specify: _____ 6

N/A

Don't know 77

Refused to answer 99

15. **Does your health insurance cover any of the cost of gender confirmation surgeries?**

Yes 1
No 2
N/A 3
Don't know 77
Refused 99

- a. If yes, what was covered? _____

IF PARTICIPANT HAS NOT HAD LOWER GENDER CONFIRMATION OR 'REFUSED TO ANSWER' TO QUESTION 14, SKIP TO QUESTION NUMBER 17

16. You mentioned having **lower gender confirmation surgery**. What, if anything, has your provider told you regarding **safer sex after your surgery**?

- a. Has your provider discussed **other types of HIV prevention strategies** with you after your surgery?
- b. In what ways, if any, has **the healthcare you receive changed since your surgery**?

HORMONES AND OTHER SUBSTANCES

17. Have you taken any hormones in the past 12 months? (Check one)

- | | | |
|-------------------|--------------------------|----|
| No | <input type="checkbox"/> | 0 |
| Yes | <input type="checkbox"/> | 1 |
| Don't know | <input type="checkbox"/> | 77 |
| Refused to answer | <input type="checkbox"/> | 99 |

18. Can you tell me more about your experiences using hormones?

a. What types of hormones have you used? (Check all that apply)

- | | | |
|----------------------------------|--------------------------|----|
| Injectable | <input type="checkbox"/> | 1 |
| Pills | <input type="checkbox"/> | 2 |
| Patch | <input type="checkbox"/> | 3 |
| Other:
<i>Please Specify:</i> | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 77 |
| Refused to answer | <input type="checkbox"/> | 99 |

IF ANSWERED 'NONE' OR 'REFUSED TO ANSWER' TO QUESTION 9, SKIP TO QUESTION NUMBER 13

b. Do you think taking hormones has provided you with opportunities to receive HIV prevention services? If yes, how so?

c. Can you tell me more about situations where you have used syringes for hormones outside of medical settings?

i. Did you have any concerns about using syringes for hormones outside of medical settings? If so, what are they?

ii. Have you been able to discuss your concerns with a healthcare provider?

19. Have you used silicone to change the shape of your body in the past 12 months? (Check one)

- | | | |
|-------------------|--------------------------|----|
| No | <input type="checkbox"/> | 0 |
| Yes | <input type="checkbox"/> | 1 |
| Don't know | <input type="checkbox"/> | 77 |
| Refused to answer | <input type="checkbox"/> | 99 |

20. Can you tell me more about your experiences using silicone?

- a. Where did you get the silicone?
- b. Can you tell me more about situations where you have used **syringes for silicone or other substances** outside of medical settings?
- c. Did you have any concerns about using **syringes for silicone or other substances** outside of medical settings? If so, what are they?
- d. Have you been able to **discuss your concerns with a healthcare provider**?

SEXUAL PARTNERS AND CONDOM USE

21. In the past 12 months, about how many sexual partners have you had?

_____ partners

Don't know

Refused to answer

77

99

22. During the past 12 months, have you had sex with (*Check all that apply*):

Men / Cis (non-trans) men

Women / Cis (non-trans) women

Transgender men

Transgender women

Other

Please specify: _____

Refused to answer

1

2

3

4

5

99

23. In the past 12 months, have you had sex with a (*Check all that apply*):

Steady partner or main partner (e.g., someone with whom you have a relationship)

Casual partner

Exchange partner (someone who you paid or paid you to have sex with for money, drugs, housing, other items or favors)

Refused to answer

1

2

3

99

24. Do you currently have a steady/main partner who has a penis? (This could include partners with whom you have a romantic relationship with, or a steady exchange partner.)

No

Yes

Refused to answer

0

1

99

IF ANSWERED 'NO' OR 'REFUSED TO ANSWER' TO QUESTION 24, SKIP TO QUESTION NUMBER 26

25. **What is the HIV status of your main/steady partner?** (This could include partners with whom you have a romantic relationship with, or a steady exchange partner.)

- | | | |
|-------------------|--------------------------|----|
| HIV negative | <input type="checkbox"/> | 0 |
| HIV positive | <input type="checkbox"/> | 1 |
| Don't know | <input type="checkbox"/> | 77 |
| Refused to answer | <input type="checkbox"/> | 99 |

26. **Have you been the receptive or insertive partner during anal sex?**

- | | | |
|-------------------|--------------------------|----|
| Receptive only | <input type="checkbox"/> | 1 |
| Insertive only | <input type="checkbox"/> | 2 |
| Both | <input type="checkbox"/> | 3 |
| Neither | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 77 |
| Refused to answer | <input type="checkbox"/> | 99 |

- a. *[If participant has been the receptive partner during anal sex]* How frequently do you use condoms when you have **receptive anal sex**?
- b. *[If participant has been the insertive partner during anal sex]* How frequently do you use condoms when you have **insertive anal sex**?
- c. In what kind of situation would you **use condoms during anal sex**?
- d. Could you tell me about some of the **reasons you would not use condoms** during anal sex?
 - i. When you do not use condoms, what do you do to protect yourself or stay healthy?

27. **Have you been the receptive or insertive partner during vaginal sex?**

- | | | |
|-------------------|--------------------------|----|
| Receptive only | <input type="checkbox"/> | 1 |
| Insertive only | <input type="checkbox"/> | 2 |
| Both | <input type="checkbox"/> | 3 |
| Neither | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 77 |
| Refused to answer | <input type="checkbox"/> | 99 |

- a. *[If participant has been the receptive partner during vaginal sex]* How frequently do you use condoms when you have **receptive vaginal sex**?
- b. *[If participant has been the insertive partner during vaginal sex]* How frequently do you use condoms when you have **insertive vaginal sex**?

- c. In what kind of situation would you use **condoms during vaginal sex**?
- d. Could you tell me about some of the reasons you **typically do not use condoms** during vaginal sex?
 - i. What do you do to **avoid the risk of getting HIV** when you have vaginal sex without a condom?

28. How do you **talk about condom use with your sex partners**?

- a. Do you have **agreements with your current main/steady partner** about anal sex with other partners?

Agreements could be about whether or not you will use condoms during anal within your relationships, whether or not you will have insertive sex with someone other than your partner, whether or not you will use condoms when having insertive sex with someone other than your partner, etc.

 - i. Can you please tell me more about that?

INTIMATE PARTNER VIOLENCE

29. In your lifetime, **have you ever been physically abused by a romantic or sexual partner**? By physical abuse we mean a range of behaviors from slapping, pushing, or shoving to severe acts, such as being beaten, burned, choked, or forced to have sex.

- No 0
- Yes 1
- Refused to answer 99

30. In your lifetime, **have you ever been emotionally abused by a romantic or sexual partner**? By emotional abuse we mean name-calling, insulting, or humiliating you, or trying to monitor and control or threaten you.

- No 0
- Yes 1
- Refused to answer 99

IF ANSWERED 'NO' OR 'REFUSED TO ANSWER' TO QUESTION 29 AND QUESTION 30, SKIP TO QUESTION NUMBER 33

31. Do you feel as though the **abuse you have experienced is due to being transgender**?

- No 0
- Yes 1
- Refused to answer 99

a. If so, how?

32. How has your experience with physical or emotional harm **affected your HIV prevention practices or strategies**?

- a. Has your experience affected your ability to negotiate condom use with your partner or partners?

HIV TESTING AND PREP

33. Do you feel you are at risk for HIV?

- | | | |
|-------------------|--------------------------|----|
| No | <input type="checkbox"/> | 0 |
| Yes | <input type="checkbox"/> | 1 |
| I don't know | <input type="checkbox"/> | 77 |
| Refused to answer | <input type="checkbox"/> | 99 |

34. In the past 12 months, how many times have you been tested for HIV?

- | | | |
|-------------------|--------------------------|----|
| 1 time | <input type="checkbox"/> | 1 |
| 2 times | <input type="checkbox"/> | 2 |
| More than 2 | <input type="checkbox"/> | 3 |
| Don't know | <input type="checkbox"/> | 77 |
| Refused to answer | <input type="checkbox"/> | 99 |

a. How often have you typically been tested over the last several years?

- | | | |
|-----------------------|--------------------------|----|
| Every 2 – 3 months | <input type="checkbox"/> | 1 |
| Every 6 months | <input type="checkbox"/> | 2 |
| Once a year | <input type="checkbox"/> | 3 |
| Less than once a year | <input type="checkbox"/> | 3 |
| Don't know | <input type="checkbox"/> | 77 |
| Refused to answer | <input type="checkbox"/> | 99 |

35. Can you tell me about an **ideal HIV testing situation** for you or a HIV testing situation that worked well for you in the past?

- a. What are some of the things that **make it hard for you to get tested for HIV?** (e.g., confidentiality, disclosing gender identity, fear)
- b. What would make it **easier for you to get tested for HIV?**
- c. Have you and your **current or past partner(s) been tested together?** What helped that happen?
- d. Have you **encouraged friends and current or past partners** to get tested for HIV? What did you say?

36. Pre-Exposure Prophylaxis (PrEP) is medication a person can take to prevent HIV infection. Are you currently taking PrEP? (*Check one*)

- | | | |
|----|--------------------------|---|
| No | <input type="checkbox"/> | 0 |
|----|--------------------------|---|

Yes
I don't know
Refused to answer

<input type="checkbox"/>	1
<input type="checkbox"/>	77
<input type="checkbox"/>	99

IF ANSWERED 'NO', 'DON'T KNOW', OR 'REFUSED TO ANSWER' QUESTION 36, SKIP TO QUESTION NUMBER 39

37. How long have you been taking PrEP?

_____ years _____ months

38. Where did you hear about PrEP?

- a. Who offered you PrEP?
- b. What are some of the things that helped you decide to take it?
- c. What helps you take your PrEP medication as prescribed?
- d. What prevents you from taking your PrEP medication?
- e. Do you have concerns about taking PrEP? If so, what are they? (e.g., taking with hormones, cost)

IF CURRENTLY TAKING PREP, SKIP TO QUESTION NUMBER 40

39. Have you heard about PrEP before this interview?

- a. Where did you hear about it?
- b. What are some of the things you have heard about PrEP?
- c. Have you been offered PrEP? By whom? In what setting?
- d. Do you have concerns about taking PrEP? If so, what are they? (e.g., taking with hormones, cost)

CLOSING

40. Is there **anything else** that you would like to share with us related to your experiences with HIV prevention activities?