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Form Approved
OMB No. 0920 – New
Expiration Date: XX/XX/XXXX

**Evaluation of TransLife Center (TLC): A Locally-Developed Combination Prevention
Intervention for Transgender Women at High Risk of HIV Infection**

**Attachment 4d
TLC Follow Up Assessment**

Privacy Act Statement:

This information is collected under the authority of the Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)). This information is also being collected in conjunction with the provisions of the Government Paperwork Elimination Act and the Paperwork Reduction Act (PRA). This information will only be used by the Centers for Disease Control and Prevention (CDC) staff to evaluate TransLife Center (TLC) as an HIV prevention intervention for transgender women.

Public reporting burden of this collection of information is estimated to average 60 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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

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
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Study Trial Questionnaire
Document Version Date: 08/09/2018



- Section 1: Demographic Characteristics**
- Section 2: Sexual Risk Questions**
- Section 3: PrEP Care Questions**
- Section 4: Gender Affirmation**
- Section 5: Collective Self-Esteem**
- Section 6: Social Support**
- Section 7: Substance Use**
- Section 8: Depressive Symptoms**
- Section 9: Anxiety Symptoms**
- Section 10: Acceptability & Satisfaction**



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Thank you for your participation in the TransLife Care evaluation. Please remember your responses to these questions are confidential and will be collected by an identification number and not by your name, so please be as honest as possible. We encourage you to answer every question. If you would like to skip a question, please inform the interviewer and they will advance to the next question. We will begin by asking you about yourself and your background.

[Note to Interviewer: In self-administered mode, if a participant requests to skip an item, enter 98 to indicate "don't know" and 99 to indicate "refuse"]




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What is your highest level of education?

- Less than 8th grade
- 8th grade
- Some high school
- High school diploma or GED**
- Trade School Certificate
- Some college
- Undergraduate degree
- Some graduate school
- Graduate degree
- Refuse **[Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]**

Are you currently a student?

- Yes**
- No
- Refuse **[Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]**



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Interviewer: The next set of questions is about your employment or work status.

Please indicate which of the following is true for you regarding your current work status:

- Working for pay at a job or business
- With a job or business, but currently not working (for example, on a leave of absence)**
- Looking for work
- Working, but not for pay (such as at a family business, internship or volunteering)
- Not working and not looking for work
- Refuse **[Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]**



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What is your main occupation (job)? If you have more than one job, list the job in which you work the most hours:

[Interviewer: type in response verbatim.]

[main occupation response]

What was the approximate start date of this job? (dd/mm/yyyy)

01/01/2017

How many hours per week do you work on average at this job? (hours/week)

35

Do you have paid sick leave at this job? (That is, if you take a day off because you are sick, you still receive pay)

- Yes
- No
- Don't know [Interviewer: do not read. ONLY select this option if the participant indicates, "don't know"].
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

Do you have another occupation (job)?

- Yes
- No
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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What is your other occupation (job)?

[Interviewer: type in response verbatim.]

[other occupation response]

Are you currently in need of help to find a job or in need of job counseling or training?

- Yes**
- No
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

Did any program or agency help you get a job or provide job counseling or training in the past 4 months (not including commercial agencies, such as head-hunters or temp agencies)?

- Yes**
- No
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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What is the name of the program and/or agency that provided this job-related service?

[Interviewer: type in response verbatim]

Do your sources of income or support include any of the following? Your sources of income may include public assistance and non-traditional jobs. *Check all that apply*

Day labor (paid by the day with no promise of additional work)

Selling or dealing drugs

Sex work, survival sex or prostitution

Street income (panhandling, boosting or stealing)

Unemployment benefits

SSI or disability

Food stamps

Income provided by a partner

Income provided by other family members

Income provided by a "sugar daddy"

No income

Student stipend

None of the Above

Under-the-table ("off the books," not reported to the government by the employer)

Something else; specify [Interviewer: type in response verbatim]

Refuse [Interviewer: do not read. ONLY select this option if the participant refuses to answer the question].





Are you currently in need of legal services or information (check all that apply) to do the following things:

- Change your name legally**
- Change how your gender is identified in government records as male or female (your gender marker)**
- Get help with criminal records (such as sealing, expungement, certificate of good conduct, healthcare waiver or executive clemency)?**
- Get help with a criminal case including a misdemeanor charge, felony charge, or any city violation (like traffic violation)
- Get help with transgender-related discrimination at work, school, housing or other public accommodation
- Apply for government benefits, like a Link card, a medical card or other benefits?
- Get help with an immigration issue or citizenship application?
- Something else; specify **[Interviewer: type in response verbatim]**
- Refuse **[Interviewer: do not read. ONLY select this option if the participant refuses to answer the question].**

Did any program or agency provide you with legal services in the past 4 months?

- Yes**
- No
- Refuse **[Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]**



What is the name of the program and/or agency that provided you with legal services

[Interviewer: type in response verbatim]

[name of program response]



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In the past 4 months, were you homeless at any time?

- Yes**
- No
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

What is your zip code where you currently live?

[Interviewer: type in 7-digit response]

60640

How long have you lived at your current residence (in # of years and # of months)?

[currant residence response]

Which of the following best describes your current living situation? By current living situation we mean where you have been staying during the past seven days.

- Your own place, a room, apartment, or house that is your home
- Temporarily doubled up with others, in someone else's house, apartment, or room
- A temporary or transitional housing program**
- An SRO, that is a "single room occupancy" hotel or motel
- In a shelter for homeless people
- In jail, prison, or a halfway house
- In drug treatment, a detox unit, or drug program housing
- In a hospital, nursing home, or hospice
- In an abandoned building, a public place like a bus station, a store or another place not intended for sleeping
- On the street or anywhere outside such as a park, under a bridge, or in a campground
- Something else; specify [Interviewer: type in response verbatim]
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

Are you currently in need of housing services or information?

- Yes**
- No
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

Did any program or agency help you with housing services in the past 4 months (not including commercial real estate agencies)?

- Yes**
- No
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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What is the name of the program that provided these housing services?

[Interviewer: type in response verbatim]

[name of program response]

Do you currently live in group housing or public housing or get any rental assistance or help with paying for housing from a government program or an agency?

- Yes**
- No
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

Are you currently involved in a committed relationship with someone who you consider your boyfriend/girlfriend, spouse, or domestic partner?

- Yes**
- No
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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How long have you been in this relationship? (If you are currently involved in more than one relationship, select the most significant one).

- Less than a month
- One month to six months**
- More than six months to a year
- More than a year to three years
- More than three years
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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This part of the survey will ask you about sex. Sex is a personal issue that can sometimes be sensitive or hard to talk about. This is especially true to those of us who are transgender because the bodies we have don't always reflect who we are.

As transgender people, we do not all use the same words or names to talk about our body parts. This makes it hard for us to ask questions about sex that everyone who is participating in this study can relate to.

In this survey, we use the medical words that refer to your specific anatomy—words like penis, anus, and vagina. These are probably not the words you use. It is important for this research project that we use words that are clear so that everyone understands what question we are asking. We don't want to disrespect you.

We will ask you about anal sex, vaginal sex, and oral sex.

Except where indicated, all questions about sex refer to sex you experienced because you wanted to, not because you were forced, coerced or otherwise made to have sex.

Remember your answers to these questions will be kept completely private. Please try your best to answer each question.



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Before we ask you about your sexual behaviors, please tell us a little about your body so we can ask you the right questions to assess your sexual health.

Have you ever had gender affirming vaginal surgery (vaginoplasty)?

- Yes. I have had genital reconstruction. I have a vagina.**
- No. I have not had vaginoplasty.

Is there an alternative word/slang term you prefer, rather than using medical terms, to describe your genitalia in questions about sexual behavior?

- Yes**
- No



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If yes, please let us know now what word you prefer and we will use alternative language.

[alternative language response]



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The next set of questions will be about the LAST MONTH. Please think back to this date, and enter something you did or something your family did during that time to help you remember the last month.



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When answering the next questions, please think about the time when you did this, [1 month memory], around this date 07/27/2018, until today.



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These next questions will be about anal sex. By “anal sex” we mean when a penis is put in someone else’s anus or butt.



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Did you have anal sex in the LAST MONTH?

Yes

No



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How many partners have you had anal (insertive or receptive) sex with in the past month? This includes sex with or without a condom

Total # of anal sex partners in past month



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Total # anal sex partners in past month: 4

How many of these partners were **HIV positive**? (They told you they were HIV positive)

How many of these partners were **HIV negative**? (They told you they were HIV negative)

How many of these partners were **HIV unknown serostatus**? (They did not tell you their HIV status)

Total



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How many did you have anal sex with in exchange for things you needed (like money, drugs, food, shelter, etc.)?



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In the past month, how many times have you had receptive anal sex with these **partners (that is, this person put his or her penis in your anus or butt)? **This includes sex with or without a condom.****

Total # of times had receptive anal sex in past month



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Total # times had receptive anal sex in past month **while under the influence of alcohol and/or drugs?**

How many times have you had **unprotected** receptive anal sex? (this person put his or her penis in your anus or butt and no condom was used—or a condom was used but only for part of the time)



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How many times have you had **unprotected** receptive anal sex **while under the influence of alcohol and/or drugs?**(this person put his or her penis in your anus or butt and no condom was used—or a condom was used but only for part of the time)



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These next questions will be about vaginal sex. By “vaginal sex” we mean when a penis is put into someone else’s vagina.

Remember your answers to these questions will be private. Please try your best to answer each question.

Except where indicated, all questions about sex refer to sex you experienced because you wanted to, not because you were forced, coerced or otherwise made to have sex.



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Did you have vaginal sex in the LAST MONTH?

Yes

No



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How many partners have you had vaginal (insertive or receptive) sex with in the past month? This includes sex with or without a condom.

Total # of vaginal sex partners in past month



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Total # vaginal sex partners in past month: 04

How many of these partners were **HIV positive**? (They told you they were HIV positive)

02

How many of these partners were **HIV negative**? (They told you they were HIV negative)

0

How many of these partners were **HIV unknown serostatus**? (They did not tell you their HIV status)

02

Total

4



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How many did you have vaginal sex with in exchange for things you needed (like money, drugs, food, shelter, etc.)?



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In the past month, how many times have you had receptive vaginal sex with these partners (that is, this person put his or her penis in your vagina)? This includes sex with or without a condom.

Total # times you had receptive vaginal sex in past month



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Total # times had receptive vaginal sex in past month **while under the influence of alcohol and/or drugs**



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How many times have you had **unprotected** receptive vaginal sex? (this person put his or her penis in your vagina and no condom was used—or a condom was used but only for part of the time)



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How many times have you had **unprotected** receptive vaginal sex **while under the influence of alcohol and/or drugs?**(this person put his or her penis in your vagina and no condom was used—or a condom was used but only for part of the time)



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The next set of questions will be about the LAST 4 months. Please think back to this date (04/27/2018) and enter something you did or something your family did during this time to help you remember the last month



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When answering the next questions, please think about the time when you did this ([4 month memory]), around this date (04/27/2018), until today.



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Thinking about the LAST 4 MONTHS (from 04/27/2018 until 8/27/2018), please enter the initials of your LAST sexual partner (someone you've had anal or vaginal sex with).



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Thinking about the LAST 4 MONTHS (from 04/27/2018 until 8/27/2018), did you have another partner in addition to [Last sexual partner initials] (someone you've had anal or vaginal sex with)?

Yes

No



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Please enter the initials of this sexual partner:



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Thinking about the LAST 4 MONTHS (from 04/27/2018 until 8/27/2018), did you have another sex partner in addition to [Last sexual partner initials] and (someone you've had anal or vaginal sex with)?

Yes

No



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Please enter the initials of this sex partner:



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We're going to begin by asking you about your LAST partner, [Last sexual partner initials].



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What was the HIV status of this partner, [Last sexual partner initials]?

- He or she was HIV positive**
- He or she was HIV negative.
- I don't know his/her HIV status.



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How did you find out about this partner's HIV status?

- He or she told me
- I found out through another person**
- I assumed his or her status
- Other, please specify



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How would you describe your relationship with this partner, [Last sexual partner initials]?

- Serious relationship (boyfriend/girlfriend), someone you dated for awhile and feel very close to.
- Casually dating but not serious
- Sleeping with this person (fuck buddy or booty call) but not dating**
- One night stand
- Stranger or anonymous person



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Was this partner, [Last sexual partner initials] a paying (they paid you money for sex) or trade (you traded food, drugs, shelter, or something else for sex) partner?

Yes

No



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How long have you been with [Last sexual partner initials]?

- Less than 1 month
- 1 to 3 months**
- 4 to 6 months
- 7 months to 11 months
- 1 to 3 years
- Over 3 years



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How frequently did you drink alcohol before having anal or vaginal sex with this partner, [Last sexual partner initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always



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How frequently did you use drugs before having anal or vaginal sex with this partner,
[Last sexual partner initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always



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What was this partner, [Last sexual partner initials]'s gender?

- Male**
- Female
- Transgender (male-to-female)
- Transgender (female-to-male)



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In the last 4 months, how many times did you have anal sex with this partner, [Last sexual partner initials] with you as the bottom (the partner put their penis in your anus or butt)?



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You said you had anal sex with this partner, [Last sexual partner initials] with you as the bottom this many times during the LAST 4 MONTHS (2). Thinking about those times, how many times did you use a condom during anal sex with this partner [Last sexual partner initials]?



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In the last 4 months, how many times did you have vaginal sex with this partner, [Last sexual partner initials] with you as the bottom (the partner put their penis in your vagina)?



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You said you had anal sex with this partner, [Last sexual partner initials] with you as the bottom this many times during the LAST 4 MONTHS (2). Thinking about those times, how many times did you use a condom during anal sex with this partner [Last sexual partner initials]?





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Now we are going to ask you about this partner, [Partner #2 initials].



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What was the HIV status of this partner, [Partner #2 initials]?

- He or she was HIV positive**
- He or she was HIV negative.
- I don't know his/her HIV status.

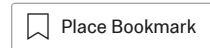



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How did you find out about this partner's HIV status?

- He or she told me**
- I found out through another person
- I assumed his or her status
- Other, please specify




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How would you describe your relationship with this partner, [Partner #2 initials]?

- Serious relationship (boyfriend/girlfriend), someone you dated for awhile and feel very close to.
- Casually dating but not serious
- Sleeping with this person (fuck buddy or booty call) but not dating**
- One night stand
- Stranger or anonymous person

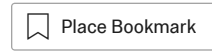



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Was this partner, [Partner #2 initials] a paying (they paid you money for sex) or trade (you traded food, drugs, shelter, or something else for sex) partner?

- Yes
- No



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How long have you been with [Partner #2 initials]?

- Less than 1 month
- 1 to 3 months**
- 4 to 6 months
- 7 months to 11 months
- 1 to 3 years
- Over 3 years

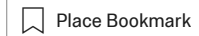


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How frequently did you drink alcohol before having anal or vaginal sex with this partner,
[Partner #2 initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always



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How frequently did you use drugs before having anal or vaginal sex with this partner,
[Partner #2 initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always

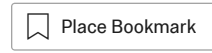



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What was this partner, [Partner #2 initials]'s gender?

- Male**
- Female
- Transgender (male-to-female)
- Transgender (female-to-male)



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In the last 4 months, how many times did you have anal sex with this partner, [Partner #2 initials] with you as the bottom (the partner put their penis in your anus or butt)?



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You said you had anal sex with this partner, [Partner #2 initials] with you as the bottom this many times during the LAST 4 MONTHS (2). Thinking about those times, how many times did you use a condom during anal sex with this partner [Partner #2 initials]?



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In the last 4 months, how many times did you have vaginal sex with this partner, [Partner #2 initials] with you as the bottom (the partner put their penis in your vagina)?



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You said you had anal sex with this partner, [Partner #2 initials] with you as the bottom this many times during the LAST 4 MONTHS (2). Thinking about those times, how many times did you use a condom during vaginal sex with this partner [Partner #2 initials]?



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Now we are going to ask you about this partner, [Partner #3 initials].



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What was the HIV status of this partner, [Partner #3 initials]?

- He or she was HIV positive
- He or she was HIV negative.
- I don't know his/her HIV status.**



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How would you describe your relationship with this partner, [Partner #3 initials]?

- Serious relationship (boyfriend/girlfriend), someone you dated for awhile and feel very close to.
- Casually dating but not serious**
- Sleeping with this person (fuck buddy or booty call) but not dating
- One night stand
- Stranger or anonymous person



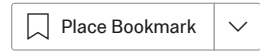
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Was this partner, [Partner #3 initials] a paying (they paid you money for sex) or trade (you traded food, drugs, shelter, or something else for sex) partner?

Yes

No



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How long have you been with [Partner #3 initials]?

- Less than 1 month
- 1 to 3 months**
- 4 to 6 months
- 7 months to 11 months
- 1 to 3 years
- Over 3 years



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How frequently did you drink alcohol before having anal or vaginal sex with this partner,
[Partner #3 initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always




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How frequently did you use drugs before having anal or vaginal sex with this partner,
[Partner #3 initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always



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What was this partner, [Partner #3 initials]'s gender?

- Male**
- Female
- Transgender (male-to-female)
- Transgender (female-to-male)



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In the last 4 months, how many times did you have anal sex with this partner, [Partner #3 initials] with you as the bottom (the partner put their penis in your anus or butt)?



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You said you had anal sex with this partner, [Partner #3 initials] with you as the bottom this many times during the LAST 4 MONTHS (2). Thinking about those times, how many times did you use a condom during anal sex with this partner [Partner #3 initials]?



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In the last 4 months, how many times did you have vaginal sex with this partner, [Partner #3 initials] with you as the bottom (the partner put their penis in your vagina)?



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You said you had anal sex with this partner, [Partner #3 initials] with you as the bottom this many times during the LAST 4 MONTHS (2). Thinking about those times, how many times did you use a condom during vaginal sex with this partner [Partner #3 initials]?



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Thinking about the LAST 4 MONTHS, how many other people have you had vaginal or anal sex with besides these partners ([Last sexual partner initials], , [Partner #3 initials])? Remember to answer about the LAST 4 MONTHS (from 4/27/2018 until 8/27/2018).



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Think of the other sexual partners you've had (4 partners) in the LAST 4 MONTHS. How many times did you have anal or vaginal sex with any of these partners during the LAST 4 MONTHS?

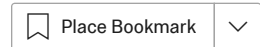
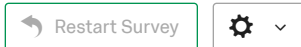


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You said you had anal or vaginal sex with other partners besides these 3 partners ([Last sexual partner initials], , [Partner #3 initials]) this many times during the LAST 4 MONTHS (8). Thinking about those times, how many times did you have sex without using a condom during anal or vaginal sex with these other partners?



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This part of the survey will ask you about sex. Sex is a personal issue that can sometimes be sensitive or hard to talk about. This is especially true to those of us who are transgender because the bodies we have don't always reflect who we are.

As transgender people, we do not all use the same words or names to talk about our body parts. This makes it hard for us to ask questions about sex that everyone who is participating in this study can relate to.

In this survey, we use the medical words that refer to your specific anatomy—words like penis, anus, and vagina. These are probably not the words you use. It is important for this research project that we use words that are clear so that everyone understands what question we are asking. We don't want to disrespect you.

We will ask you about anal sex, vaginal sex, and oral sex.

Except where indicated, all questions about sex refer to sex you experienced because you wanted to, not because you were forced, coerced or otherwise made to have sex.

Remember your answers to these questions will be kept completely private. Please try your best to answer each question.



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Before we ask you about your sexual behaviors, please tell us a little about your body so we can ask you the right questions to assess your sexual health.

Have you ever had gender affirming vaginal surgery (vaginoplasty)?

- Yes. I have had genital reconstruction. I have a vagina.
- No. I have not had vaginoplasty.**

Is there an alternative word/slang term you prefer, rather than using medical terms, to describe your genitalia in questions about sexual behavior?

- Yes**
- No



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If yes, please let us know now what word you prefer and we will use alternative language.

[alternative language response]



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The next set of questions will be about the LAST MONTH. Please think back to this date, and enter something you did or something your family did during that time to help you remember the last month.



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When answering the next questions, please think about the time when you did this, [1 month memory], around this date 07/27/2018, until today.



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These next questions will be about anal sex. By “anal sex” we mean when a penis is put in someone else’s anus or butt.



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Did you have anal sex in the LAST MONTH?

Yes

No



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How many partners have you had anal (insertive or receptive) sex with in the past month? This includes sex with or without a condom

Total # of anal sex partners in past month



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Total # anal sex partners in past month: 4

How many of these partners were **HIV positive**? (They told you they were HIV positive)

How many of these partners were **HIV negative**? (They told you they were HIV negative)

How many of these partners were **HIV unknown serostatus**? (They did not tell you their HIV status)

Total



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How many did you have anal sex with in exchange for things you needed (like money, drugs, food, shelter, etc.)?



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In the past month, how many times have you had receptive anal sex with these partners (that is, this person put his or her penis in your anus or butt)? **This includes sex with or without a condom.**

Total # of times had receptive anal sex in past month



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Total # times had receptive anal sex in past month **while under the influence of alcohol and/or drugs?**

How many times have you had **unprotected** receptive anal sex? (this person put his or her penis in your anus or butt and no condom was used—or a condom was used but only for part of the time)



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How many times have you had **unprotected** receptive anal sex **while under the influence of alcohol and/or drugs?**(this person put his or her penis in your anus or butt and no condom was used—or a condom was used but only for part of the time)



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In the past month, how many times have you had insertive anal sex with these partners (that is, you put your penis in his or her anus or butt)? This includes sex with or without a condom.

Total # of times had insertive anal sex in past month



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Total # times had insertive anal sex in past month **while under the influence of alcohol and/or drugs**



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How many times have you had **unprotected** insertive anal sex? (you put your penis in his or her anus or butt and no condom was used—or a condom was used but only for part of the time)



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How many times have you had **unprotected** insertive anal sex **while under the influence of alcohol and/or drugs?**(you put your penis in his or her anus or butt and no condom was used—or a condom was used but only for part of the time)



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These next questions will be about vaginal sex. By “vaginal sex” we mean when a penis is put into someone else’s vagina.

Remember your answers to these questions will be private. Please try your best to answer each question.

Except where indicated, all questions about sex refer to sex you experienced because you wanted to, not because you were forced, coerced or otherwise made to have sex.



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Did you have vaginal sex in the LAST MONTH?

Yes

No



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How many partners have you had vaginal (insertive or receptive) sex with in the past month? This includes sex with or without a condom.

Total # of vaginal sex partners in past month



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Total # vaginal sex partners in past month: 04

How many of these partners were **HIV positive**? (They told you they were HIV positive)

02

How many of these partners were **HIV negative**? (They told you they were HIV negative)

0

How many of these partners were **HIV unknown serostatus**? (They did not tell you their HIV status)

02

Total

4



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How many did you have vaginal sex with in exchange for things you needed (like money, drugs, food, shelter, etc.)?



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In the past month, how many times have you had insertive vaginal sex with these partners (that is, you put your penis in a partner's vagina)? This includes sex with or without a condom.

Total # times you had insertive vaginal sex in past month



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Total # times had insertive vaginal sex in past month **while under the influence of alcohol and/or drugs**

4



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How many times have you had **unprotected** insertive vaginal sex? (you put your penis in a partner's vagina and no condom was used—or a condom was used but only for part of the time)



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How many times have you had **unprotected** insertive vaginal sex **while under the influence of alcohol and/or drugs?** (you put your penis in a partner's vagina and no condom was used—or a condom was used but only for part of the time)



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The next set of questions will be about the LAST 4 months. Please think back to this date (04/27/2018) and enter something you did or something your family did during this time to help you remember the last month





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When answering the next questions, please think about the time when you did this ([4 month memory]), around this date (04/27/2018), until today.



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Thinking about the LAST 4 MONTHS (from 04/27/2018 until 8/27/2018), please enter the initials of your LAST sexual partner (someone you've had anal or vaginal sex with).

[Last partner initials]



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Thinking about the LAST 4 MONTHS (from 04/27/2018 until 8/27/2018), did you have another partner in addition to [Last partner initials] (someone you've had anal or vaginal sex with)?

Yes

No



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Please enter the initials of this sexual partner:



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Thinking about the LAST 4 MONTHS (from 04/27/2018 until 8/27/2018), did you have another sex partner in addition to [Last partner initials] and (someone you've had anal or vaginal sex with)?

Yes

No



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Please enter the initials of this sex partner:



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We're going to begin by asking you about your LAST partner, [Last partner initials].



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What was the HIV status of this partner, [Last partner initials]?

- He or she was HIV positive**
- He or she was HIV negative.
- I don't know his/her HIV status.



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How did you find out about this partner's HIV status?

- He or she told me
- I found out through another person
- I assumed his or her status**
- Other, please specify



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How would you describe your relationship with this partner, [Last partner initials]?

- Serious relationship (boyfriend/girlfriend), someone you dated for awhile and feel very close to.
- Casually dating but not serious**
- Sleeping with this person (fuck buddy or booty call) but not dating
- One night stand
- Stranger or anonymous person



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Was this partner, [Last partner initials] a paying (they paid you money for sex) or trade (you traded food, drugs, shelter, or something else for sex) partner?

Yes

No



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How long have you been with [Last partner initials]?

- Less than 1 month
- 1 to 3 months**
- 4 to 6 months
- 7 months to 11 months
- 1 to 3 years
- Over 3 years



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How frequently did you drink alcohol before having anal or vaginal sex with this partner, [Last partner initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always



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How frequently did you use drugs before having anal or vaginal sex with this partner, [Last partner initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always



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What was this partner, [Last partner initials]'s gender?

- Male**
- Female
- Transgender (male-to-female)
- Transgender (female-to-male)



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In the LAST 4 MONTHS, how many times did you have anal sex with this partner, [Last partner initials] with you as the top (you put your penis in his or her anus or butt)?



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You said you had anal sex with this partner, [Last partner initials] with you as the top this many times during the LAST 4 MONTHS (1). Thinking about those times, how many times did you use a condom during anal sex with this partner [Last partner initials]?



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In the last 4 months, how many times did you have anal sex with this partner, [Last partner initials] with you as the bottom (the partner put their penis in your anus or butt)?



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You said you had anal sex with this partner, [Last partner initials] with you as the bottom this many times during the LAST 4 MONTHS (1). Thinking about those times, how many times did you use a condom during anal sex with this partner [Last partner initials]?



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In the LAST 4 MONTHS, how many times did you have vaginal sex with this partner, [Last partner initials] with you as the top (you put your penis in his or her vagina)?



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You said you had vaginal sex with this partner, [Last partner initials] with you as the top this many times during the LAST 4 MONTHS (1). Thinking about those times, how many times did you use a condom during anal sex with this partner [Last partner initials]?



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Now we are going to ask you about this partner, [partner #2 initials].

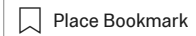


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What was the HIV status of this partner, [partner #2 initials]?

- He or she was HIV positive**
- He or she was HIV negative.
- I don't know his/her HIV status.



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How did you find out about this partner's HIV status?

- He or she told me**
- I found out through another person
- I assumed his or her status
- Other, please specify

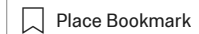


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How would you describe your relationship with this partner, [partner #2 initials]?

- Serious relationship (boyfriend/girlfriend), someone you dated for awhile and feel very close to.
- Casually dating but not serious**
- Sleeping with this person (fuck buddy or booty call) but not dating
- One night stand
- Stranger or anonymous person

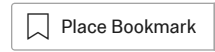



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Was this partner, [partner #2 initials] a paying (they paid you money for sex) or trade (you traded food, drugs, shelter, or something else for sex) partner?

Yes

No



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How long have you been with [partner #2 initials]?

- Less than 1 month
- 1 to 3 months**
- 4 to 6 months
- 7 months to 11 months
- 1 to 3 years
- Over 3 years

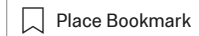


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How frequently did you drink alcohol before having anal or vaginal sex with this partner,
[partner #2 initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always




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How frequently did you use drugs before having anal or vaginal sex with this partner,
[partner #2 initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always

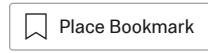



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What was this partner, [partner #2 initials]'s gender?

- Male**
- Female
- Transgender (male-to-female)
- Transgender (female-to-male)



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In the LAST 4 MONTHS, how many times did you have anal sex with this partner, [partner #2 initials] with you as the top (you put your penis in his or her anus or butt)?



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You said you had anal sex with this partner, [partner #2 initials] with you as the top this many times during the LAST 4 MONTHS (1). Thinking about those times, how many times did you use a condom during anal sex with this partner [partner #2 initials]?



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In the last 4 months, how many times did you have anal sex with this partner, [partner #2 initials] with you as the bottom (the partner put their penis in your anus or butt)?



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You said you had anal sex with this partner, [partner #2 initials] with you as the bottom this many times during the LAST 4 MONTHS (1). Thinking about those times, how many times did you use a condom during anal sex with this partner [partner #2 initials]?



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In the LAST 4 MONTHS, how many times did you have vaginal sex with this partner, [partner #2 initials] with you as the top (you put your penis in his or her vagina)?



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You said you had vaginal sex with this partner, [partner #2 initials] with you as the top this many times during the LAST 4 MONTHS (1). Thinking about those times, how many times did you use a condom during vaginal sex with this partner [partner #2 initials]?



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Now we are going to ask you about this partner, [partner #3 initials].



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What was the HIV status of this partner, [partner #3 initials]?

- He or she was HIV positive
- He or she was HIV negative.
- I don't know his/her HIV status.**



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How would you describe your relationship with this partner, [partner #3 initials]?

- Serious relationship (boyfriend/girlfriend), someone you dated for awhile and feel very close to.
- Casually dating but not serious
- Sleeping with this person (fuck buddy or booty call) but not dating**
- One night stand
- Stranger or anonymous person



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Was this partner, [partner #3 initials] a paying (they paid you money for sex) or trade (you traded food, drugs, shelter, or something else for sex) partner?

Yes

No



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How long have you been with [partner #3 initials]?

- Less than 1 month
- 1 to 3 months**
- 4 to 6 months
- 7 months to 11 months
- 1 to 3 years
- Over 3 years



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How frequently did you drink alcohol before having anal or vaginal sex with this partner, [partner #3 initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always



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How frequently did you use drugs before having anal or vaginal sex with this partner,
[partner #3 initials]?

- Never
- Less than half the time**
- About half the time
- More than half the time
- Always

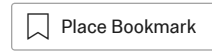



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What was this partner, [partner #3 initials]'s gender?

- Male**
- Female
- Transgender (male-to-female)
- Transgender (female-to-male)



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In the LAST 4 MONTHS, how many times did you have anal sex with this partner, [partner #3 initials] with you as the top (you put your penis in his or her anus or butt)?



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You said you had anal sex with this partner, [partner #3 initials] with you as the top this many times during the LAST 4 MONTHS (1). Thinking about those times, how many times did you use a condom during anal sex with this partner [partner #3 initials]?



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In the last 4 months, how many times did you have anal sex with this partner, [partner #3 initials] with you as the bottom (the partner put their penis in your anus or butt)?



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You said you had anal sex with this partner, [partner #3 initials] with you as the bottom this many times during the LAST 4 MONTHS (1). Thinking about those times, how many times did you use a condom during anal sex with this partner [partner #3 initials]?



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In the LAST 4 MONTHS, how many times did you have vaginal sex with this partner, [partner #3 initials] with you as the top (you put your penis in his or her vagina)?



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You said you had vaginal sex with this partner, [partner #3 initials] with you as the top this many times during the LAST 4 MONTHS (1). Thinking about those times, how many times did you use a condom during vaginal sex with this partner [partner #3 initials]?



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Thinking about the LAST 4 MONTHS, how many other people have you had vaginal or anal sex with besides these partners ([Last partner initials], , [partner #3 initials])? Remember to answer about the LAST 4 MONTHS (from 4/28/2018 until 8/28/2018).



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Think of the other sexual partners you've had (4 partners) in the LAST 4 MONTHS. How many times did you have anal or vaginal sex with any of these partners during the LAST 4 MONTHS?



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You said you had anal or vaginal sex with other partners besides these 3 partners ([Last partner initials], , [partner #3 initials]) this many times during the LAST 4 MONTHS (4). Thinking about those times, how many times did you have sex without using a condom during anal or vaginal sex with these other partners?



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One way to prevent HIV infection is called PrEP, which stands for pre-exposure prophylaxis. PrEP is a way of preventing HIV infection by giving HIV-negative people HIV medicines. The following questions are about your thoughts and opinions of this way of preventing HIV infection.

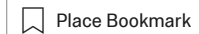


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How interested are you in taking a PrEP medication to help prevent HIV infection?

- Very interested
- Somewhat interested**
- Somewhat uninterested
- Very uninterested
- Refuse **[Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]**

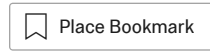



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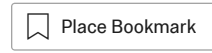

Have you taken PrEP in the last 4 months?

- Yes
- No



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Have you taken PrEP in the past month?

- Yes**
- No
- Refuse **[Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]**



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	Yes	No
8/20/2018	<input type="radio"/>	<input checked="" type="radio"/>
8/19/2018	<input type="radio"/>	<input checked="" type="radio"/>
8/18/2018	<input type="radio"/>	<input type="radio"/>
8/17/2018	<input checked="" type="radio"/>	<input type="radio"/>
8/16/2018	<input checked="" type="radio"/>	<input type="radio"/>
8/15/2018	<input checked="" type="radio"/>	<input type="radio"/>
8/14/2018	<input checked="" type="radio"/>	<input type="radio"/>

In the calendar [\[SHOW CARD\]](#), please indicate whether or not you have taken PrEP on each day during the past month, beginning with yesterday.

	Yes	No
8/13/2018	<input type="radio"/>	<input checked="" type="radio"/>
8/12/2018	<input type="radio"/>	<input checked="" type="radio"/>
8/11/2018	<input type="radio"/>	<input type="radio"/>
8/10/2018	<input checked="" type="radio"/>	<input type="radio"/>
8/9/2018	<input checked="" type="radio"/>	<input type="radio"/>
8/8/2018	<input checked="" type="radio"/>	<input type="radio"/>
8/7/2018	<input checked="" type="radio"/>	<input type="radio"/>

In the calendar [\[SHOW CARD\]](#), please indicate whether or not you have taken PrEP on each day during the past month, beginning with yesterday.

	Yes	No
8/6/2018	<input type="radio"/>	<input checked="" type="radio"/>
8/5/2018	<input type="radio"/>	<input checked="" type="radio"/>
8/4/2018	<input checked="" type="radio"/>	<input type="radio"/>
8/3/2018	<input checked="" type="radio"/>	<input type="radio"/>
8/2/2018	<input checked="" type="radio"/>	<input type="radio"/>
8/1/2018	<input checked="" type="radio"/>	<input type="radio"/>
7/31/2018	<input checked="" type="radio"/>	<input type="radio"/>



In the past 4 months, how many times have you seen a provider for PrEP care and follow-up?

[Interviewer: type in numerical response]

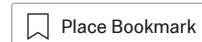


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The following questions will ask you about experiences you may have had. For questions that ask about age when these experiences occurred, please use round numbers and round to the highest number. For example, if your answer is 15 and a half years old, please enter 16.

Have you ever taken female hormones?

- Yes**
- No
- Refuse **[Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]**



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At what age did you begin taking hormones?

[Interviewer: Enter age in two-digit numerical value]



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How many times in the last 4 months have you taken hormones?

[Interviewer: Enter age in two-digit numerical value]

In the last 4 months, where did you usually get your hormones? *(Check all that apply)*

From a clinic or health center

From a private doctor, private practice or HMO

On the street (dealer or doctor practicing illegally/black market)

From a lover or sex partner

From a friend

Something else, specify [Interviewer: type response verbatim]

Refuse [Interviewer: do not read. ONLY select this option if the participant refuses to answer the question].

Have you ever injected silicone?

Yes

No

Refuse [Interviewer: do not read. ONLY select this option if the participant refuses to answer the question].



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Where have you injected silicone? *(Check all that apply)*

- In your cheeks, chin or face
- In your hips or buttocks**
- In your breasts**
- Somewhere else, specify **[Interviewer: type response verbatim]**
- Refuse **[Interviewer: do not read. ONLY select this option if the participant refuses to answer the question].**

Have you ever had any of the following types of gender confirming surgery/laser therapy?

Remember, your answers are completely confidential *(Check all that apply)*.

- None – never had any surgery/laser therapy
- Breast implants (breast augmentation)**
- Facial or neck surgery (for example, nose job, cheek implants, forehead lift, etc.)
- Vaginal surgery (vaginoplasty)
- Somewhere else, please specify [Interviewer: type response verbatim]**
- Refuse **[Interviewer: do not read. ONLY select this option if the participant refuses to answer the question].**



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How important is it to you that strangers call you “she” when talking about you?

- Not at all important
- Slightly important
- Moderately important
- Very important**
- Extremely important
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

How important is it to you that family members call you “she” when talking about you?

- Not at all important
- Slightly important
- Moderately important
- Very important**
- Extremely important
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

How important is it to you that your friends call you “she” when talking about you?

- Not at all important
- Slightly important
- Moderately important
- Very important**
- Extremely important
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

How important is it to you that health care providers call you “she” when talking about you?

- Not at all important
- Slightly important
- Moderately important
- Very important**
- Extremely important
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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How comfortable are you with going out in public during the day?

- Not at all comfortable
- Slightly comfortable
- Moderately comfortable**
- Very comfortable
- Extremely comfortable
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

How comfortable are you with people knowing that you are transgender?

- Not at all comfortable
- Slightly comfortable
- Moderately comfortable**
- Very comfortable
- Extremely comfortable
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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How satisfied are you with your body the way it is right now? By “right now”, I mean in general, not just today.

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied**
- Very satisfied
- Extremely satisfied
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



How satisfied are you with the way you look right now? By “right now”, I mean in general, not just today.

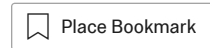

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied**
- Very satisfied
- Extremely satisfied
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

How satisfied are you with your current level of femininity?

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied**
- Very satisfied
- Extremely satisfied
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



 Restart Survey 

 Place Bookmark 



We are all members of different communities. Some of these communities reflect gender, race, religion, nationality, ethnicity, and socioeconomic class. We would like you to consider your membership within a larger community of people who identify as transgender and respond to the following statements on the basis of how you feel about this group and your memberships in it. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions.

Please read each statement carefully and respond.



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I am a worthy member of the transgender community that I belong to.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I often regret that I belong to the transgender community.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, the transgender community is considered good by others.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, my membership in the transgender community has very little to do with how I feel about myself.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





I feel I don't have much to offer to the transgender community that I belong to.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In general, I'm glad to be a member of the transgender community that I belong to.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Most people consider the transgender community, on the average, to be more ineffective than other communities or social groups.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The transgender community that I belong to is an important reflection of who I am.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



I am a cooperative participant in the transgender community that I belong to.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, I often feel that the transgender community of which I am a member is not worthwhile.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In general, others respect the transgender community that I am a member of.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The transgender community that I belong to is unimportant to my sense of what kind of a person I am.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



I often feel I'm a useless member of the transgender community.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel good about the transgender community that I belong to.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In general, others think that the transgender community that I am a member of is unworthy.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In general, belonging to the transgender community is an important part of my self-image.

Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

← →



The next set of questions are about support you may have received from others.

Thinking about the last 4 months, how often have you had someone available...

To help take care of you if you are sick? Would you say...

- None of the time
- A little of the time**
- Some of the time
- Most of the time
- All of the time
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

To help with daily chores if you are sick? Would you say...

- None of the time
- A little of the time**
- Some of the time
- Most of the time
- All of the time
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

To get together with you for relaxation? Would you say...

- None of the time
- A little of the time**
- Some of the time
- Most of the time
- All of the time
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]





To understand your problems? Would you say...

- None of the time
- A little of the time**
- Some of the time
- Most of the time
- All of the time
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

To love you and make you feel wanted? Would you say...

- None of the time
- A little of the time**
- Some of the time
- Most of the time
- All of the time
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

To borrow money from when you need it? Would you say...

- None of the time
- A little of the time**
- Some of the time
- Most of the time
- All of the time
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.

Some of the substances listed may be prescribed by a health care provider (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your health care provider. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.



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Question 1: In your life, which of the following substances have you ever used?
(NON-MEDICAL USE ONLY) “not prescribed by your health care provider”

	No	Yes
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
2. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
3. Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
4. Cocaine (coke, crack, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
9. Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
10. Other – specify: <input type="text" value="[other; specified]"/>	<input type="radio"/>	<input checked="" type="radio"/>



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Question 2: In the past three months, how often have you used the substances you mentioned?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcoholic beverages (beer, wine, spirits, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cannabis (marijuana, pot, grass, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cocaine (coke, crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. [other; specified]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



Question 3: During the past three months, how often have you had a strong desire or urge to use

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcoholic beverages (beer, wine, spirits, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cannabis (marijuana, pot, grass, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cocaine (coke, crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. [other; specified]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



Question 4: During the past three months, how often has your use of (FIRST DRUG, SECOND DRUG, etc.) led to health, social, legal or financial problems?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcoholic beverages (beer, wine, spirits, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cannabis (marijuana, pot, grass, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cocaine (coke, crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. [other; specified]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



Question 5: During the past three months, how often have you failed to do what was normally expected of you because of your use of (FIRST DRUG, SECOND DRUG, etc.)

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcoholic beverages (beer, wine, spirits, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cannabis (marijuana, pot, grass, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cocaine (coke, crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. [other; specified]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



Question 6: Has a friend or relative or anyone else ever expressed concern about your use of (FIRST DRUG, SECOND DRUG, etc.)

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Alcoholic beverages (beer, wine, spirits, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Cannabis (marijuana, pot, grass, hash, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Cocaine (coke, crack, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10. [other; specified]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



Question 7: Have you ever tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, etc.)

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Alcoholic beverages (beer, wine, spirits, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Cannabis (marijuana, pot, grass, hash, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Cocaine (coke, crack, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. [other; specified]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



Question 8: Have you ever used any drug by injection?
(NON-MEDICAL USE ONLY - Not prescribed your health care provider)

No, Never

Yes in the past 3 months

Yes, but not in the past 3 months



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Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.

I was bothered by things that usually don't bother me.

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)**
- Occasionally or moderate amount of time (3-4 days)
- All of the time (5-7 days)
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

I had trouble keeping my mind on what I was doing.


- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)**
- Occasionally or moderate amount of time (3-4 days)
- All of the time (5-7 days)
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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I felt depressed.

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)**
- Occasionally or moderate amount of time (3-4 days)
- All of the time (5-7 days)
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

I felt that everything I did was an effort.

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)**
- Occasionally or moderate amount of time (3-4 days)
- All of the time (5-7 days)
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

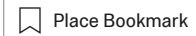


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I felt hopeful about the future.

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)**
- Occasionally or moderate amount of time (3-4 days)
- All of the time (5-7 days)
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

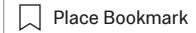


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I felt fearful.

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)**
- Occasionally or moderate amount of time (3-4 days)
- All of the time (5-7 days)
- Refuse **[Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]**



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My sleep was restless.

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)**
- Occasionally or moderate amount of time (3-4 days)
- All of the time (5-7 days)
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

I was happy.

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)**
- Occasionally or moderate amount of time (3-4 days)
- All of the time (5-7 days)
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]




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I felt lonely.

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)
- Occasionally or moderate amount of time (3-4 days)**
- All of the time (5-7 days)
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

I could not "get going."

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)
- Occasionally or moderate amount of time (3-4 days)**
- All of the time (5-7 days)
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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Over the last 2 weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious or on edge

- Not at all
- Several days**
- More than half the days
- Nearly every day
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

Not being able to stop or control worrying

- Not at all
- Several days**
- More than half the days
- Nearly every day
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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Worrying too much about different things

- Not at all
- Several days**
- More than half the days
- Nearly every day
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

Trouble relaxing

- Not at all
- Several days**
- More than half the days
- Nearly every day
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]



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Being so restless that it is hard to sit still

- Not at all
- Several days**
- More than half the days
- Nearly every day
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

Becoming easily annoyed or irritable

- Not at all
- Several days**
- More than half the days
- Nearly every day
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]


Feeling afraid as if something awful might happen

- Not at all
- Several days**
- More than half the days
- Nearly every day
- Refuse [Interviewer: do not read. ONLY select this options if the participant refuses to answer the question]

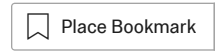



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Please help us improve our program by answering some questions about the TLC program. We are interested in your opinions, whether they are positive or negative. Please circle one response to each question.




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How would you rate the quality of TLC program?

- Very Good
- Good**
- Poor
- Very poor

Did the TLC program meet your expectations?

- Yes**
- No

To what extent has the TLC program met your needs?

- All of my needs have been met
- Some of my needs have been met**
- None of my needs have been met



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If a friend were interested in the TLC program, would you recommend it to them?

- Yes**
- No

Was the TLC program useful to you?

- Yes**
- No

If you were to seek help again, would you come back to the TLC program?

- Yes**
- No




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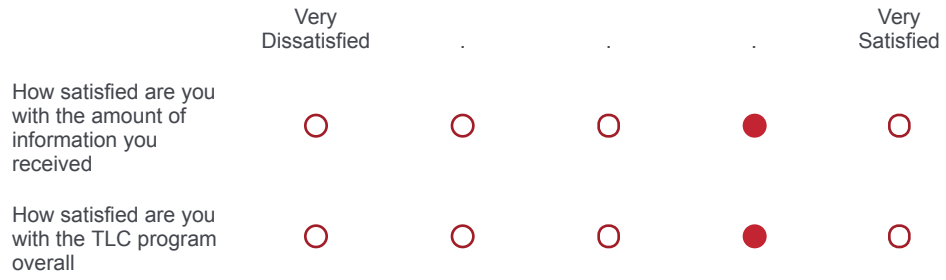
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Please decide how much you agree or disagree with the following statements. Select one response for each item.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The TLC program helped me to establish positive friendships with other trans women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I learned useful information from the TLC program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The TLC program helped me get better connected to the transgender community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The TLC program increased my desire to access other services and programs for trans women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I liked the activities we completed in the TLC program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The TLC program helped me to understand things that might cause me to engage in unhealthy behavior like having unsafe sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The topics we covered in the TLC program applied to my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The TLC program helped me to create positive goals for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The TLC program helped me feel about about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

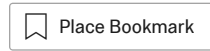



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Would you recommend the TLC program to other trans women?

- Yes
- No



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Do you have any other feedback about the TLC program?

[feedback response]



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In the past 4 months, in addition to participation in the TransLife Center (TLC), have you participated in other HIV prevention programs or studies?

Yes

No



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If yes, which ones? Specify:

[Interviewer: type in response verbatim]

[Interviewer: If in doubt about which programs/studies may be HIV-related, err on the side of caution and include them.]

[other studies; specified]





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The participant has used PrEP at least 4 times/week for every sequential week. A hair sample and release of information for PrEP care engagement should be collected.





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We thank you for your time spent taking this survey.
Your response has been recorded.

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