

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

TLC Follow Up Assessment - REMOTE Survey

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 less than 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)

Study Trial Questionnaire
Document Version Date: 06/18/2020

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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.

TLC – CDC Prevention

**DEMOGRAPHIC QUESTIONNAIRE – Version: Follow-Up
(Self-administered)**

DEM1. What is your highest level of education?

- 1 - Less than 8th grade
- 2 - 8th grade
- 3 - Some high school
- 4 – High school diploma or GED
- 5 - Trade School Certificate
- 6 - Some college
- 7 - Undergraduate degree
- 8 - Some graduate school
- 9 – Graduate degree

DEM2. Are you currently a student?

- 1-Yes
- 0-No

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

DEM3. Please indicate which of the following is true for you regarding your current work status:

- 1-Working for pay at a job or business
- 2-With a job or business, but currently not working (for example, on a leave of absence)
- 3-Looking for work [skip to DEM16]
- 4-Working, but not for pay (such as at a family business, internship or volunteering)
- 5-Not working and not looking for work [skip to DEM16]

DEM4. What is your main occupation (job)? If you have more than one job, list the job in which you work the most hours: _____

DEM5. What was the approximate start date of this job: ___/___/_____ (dd/mm/yyyy)

DEM6. How many hours per week do you work on average at this job? _____ hours/week

DEM7. 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)

1- Yes

0- No

98 –Don't know

DEM8. Do you have another occupation (job)?

1- Yes

0- No [skip to DEM15]

DEM9. What is your other occupation (job)? _____

DEM10. Are you currently in need of help to find a job or in need of job counseling or training?

1-Yes

0-No

DEM11. 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)?

1 – Yes

0- No [skip to DEM18]

DEM11a. What is the name of the program and/or agency that provided this job-related service?

DEM12. 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:

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

2- Selling or dealing drugs

3- Sex work, survival sex or prostitution

4- Street income (panhandling, boosting or stealing)

5- Unemployment benefits

6- SSI or disability

7- Food stamps

8- Income provided by a partner

9- Income provided by other family members

10- Income provided by a "sugar daddy"

- 11- No income
- 12- Student stipend
- 13 None of the Above
- 14 Under-the-table (“off the books,” not reported to the government by the employer)
- 97- Something else

DEM12a. If =97, specify: _____

DEM13. Are you currently in need of legal services or information (check all that apply) to do the following things: [Indicate Yes/No for each]

- 0- Change your name legally
- 1- Change how your gender is identified in government records as male or female (your gender marker)
- 2- Get help with criminal records (such as sealing, expungement, certificate of good conduct, healthcare wavier or executive clemency)?
- 3- Get help with a criminal case including a misdemeanor charge, felony charge, or any city violation (like traffic violation)
- 4- Get help with transgender-related discrimination at work, school, housing or other public accommodation
- 5- Apply for government benefits, like a Link card, a medical card or other benefits?
- 6- Get help with an immigration issue or citizenship application?
- 97- Something else

DEM13a. If =97, specify: _____

DEM14. Did any program or agency provide you with legal services in the past 4 months?

- 1 – Yes
- 0- No [skip to DEM24]

DEM14a. What is the name of the program and/or agency that provided you with legal services?

DEM14b. In the past 4 months, were you homeless at any time?

1 – Yes

0 – No

DEM15. What is your zip code where you currently live? _____

DEM16. How long have you lived at your current residence (in # of years and # of months)?

DEM17. 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.

- 1- Your own place, a room, apartment, or house that is your home
- 2- Temporarily doubled up with others, in someone else's house, apartment, or room
- 3- A temporary or transitional housing program
- 4- An SRO, that is a "single room occupancy" hotel or motel
- 5- In a shelter for homeless people
- 6- In jail, prison, or a halfway house
- 7- In drug treatment, a detox unit, or drug program housing
- 8- In a hospital, nursing home, or hospice
- 9- In an abandoned building, a public place like a bus station, a store or another place not intended for sleeping
- 10- On the street or anywhere outside such as a park, under a bridge, or in a campground
- 97- Something else

DEM17a. If =97, specify: _____

DEM18. Are you currently in need of housing services or information?

1 – Yes

0 – No

DEM19. Did any program or agency help you with housing services in the past 4 months (not including commercial real estate agencies)?

- 1 – Yes
- 0 – No [skip to DEM31]

1.
DEM20. What is the name of the program that provided these housing services? _____

DEM21. 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?

- 1 – Yes
- 0 – No

DEM22. Are you currently involved in a committed relationship with someone who you consider your boyfriend/girlfriend, spouse, or domestic partner?

- 1 - Yes
- 2 - No (skip to END of DEM)

DEM22a. How long have you been in this relationship? (If you are currently involved in more than one relationship, select the most significant one).

- 1 - Less than a month
- 2 - One month to six months
- 3 - More than six months to a year
- 4 - More than a year to three years
- 5 - More than three years

**ARBA
TW Version**

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.

*******ABOUT YOUR BODY*******

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.

BODY1. Have you ever had gender affirming vaginal surgery (vaginoplasty)?

1 – Yes. I have had genital reconstruction. I have a vagina.

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

[NOTE TO PROGRAMMER: Note that for ARBA1, we need the participant's response (see below placeholder, "1m") coded so that it appears in subsequent questions that make reference to it. There are also other questions which make reference to previous responses, for example ARBA6 refers to the response to ARBA5, etc.]

ARBA1. The next set of questions will be about the LAST MONTH. Please think back to this date (<1m>) and enter something you did or something your family did during that time to help you remember the last month <_____>.

When answering the next questions, please think about the time when you did this (<ARBA1>), around this date (<1m>), until today.

*****ANAL SEX*****

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.

ARBA2. Did you have anal sex in the LAST MONTH?

1 – Yes

0 – No (PROMPT for Interviewer)

ARBA3. **How many partners have you had anal (insertive or receptive) sex with in the past month? This includes sex with or without a condom.**

a. Total # anal sex partners in past month _____	b. How many of these partners were <u>HIV-positive</u>? (They told you they were HIV positive) _____	c. How many of these partners were <u>HIV-negative</u>? (They told you they were HIV negative) _____	d. How many of these partners were of <u>HIV unknown serostatus</u> (They did not tell you their HIV status)? _____
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Interviewer note: The sum of questions b, c, and d should equal question a.

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

ARBA4. **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.**

<p>a. Total # times had receptive anal sex in past month</p> <p>_____</p> <p>→ If “0” skip to next question</p>	<p>b. Total # times had receptive anal sex in past month <u>while under the influence of alcohol and/or drugs</u></p> <p>_____</p>	<p>c. How many times have you had <u>unprotected</u> 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)</p> <p>_____</p> <p>→ If “0” skip to next question</p>	<p>g. How many times have you had <u>unprotected</u> receptive anal sex <u>while under the influence of alcohol and/or drugs?</u>(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)</p> <p>_____</p>
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INSERTIVE ANAL SEX

[Note to programmer – skip for those with Vaginoplasty]

ARBA5. 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.**

<p>a. Total # times had insertive anal sex in past month</p> <p>_____</p> <p>→ If “0” skip to next question</p>	<p>b. Total # times had insertive anal sex in past month <u>while under the influence of alcohol and/or drugs</u></p> <p>_____</p>	<p>c. How many times have you had <u>unprotected</u> 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)</p> <p>_____</p> <p>→ If “0” skip to next question</p>	<p>g. How many times have you had <u>unprotected</u> insertive anal sex <u>while under the influence of alcohol and/or drugs?</u>(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)</p> <p>_____</p>
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<p>a. Total # times had insertive vaginal sex in past month</p> <p>_____</p> <p>→ If “0” skip to next question</p>	<p>b. Total # times had insertive vaginal sex in past month <u>while under the influence of alcohol and/or drugs</u></p> <p>_____</p>	<p>c. How many times have you had <u>unprotected</u> 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)</p> <p>_____</p> <p>→ If “0” skip to next question</p>	<p>g. How many times have you had <u>unprotected</u> insertive vaginal sex <u>while under the influence of alcohol and/or drugs?</u> (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)</p> <p>_____</p>
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RECEPTIVE VAGINAL SEX

[Note to programmer – skip for those with a Penis]

ARBA9. 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.**

<p>a. Total # times had receptive vaginal sex in past month</p> <p>_____</p> <p>→ If “0” skip to next question</p>	<p>b. Total # times had receptive vaginal sex in past month <u>while under the influence of alcohol and/or drugs</u></p> <p>_____</p>	<p>c. How many times have you had <u>unprotected</u> 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)</p> <p>_____</p> <p>→ If “0” skip to next question</p>	<p>g. How many times have you had <u>unprotected</u> receptive vaginal sex <u>while under the influence of alcohol and/or drugs?</u>(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)</p> <p>_____</p>
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*****PARTNER HISTORY*****

[NOTE TO PROGRAMMER: Note that for ARBA14, we need the participant's response (see below placeholder, "4m") coded so that it appears in subsequent questions that make reference to it.

ARBA13. The next set of questions will be about the LAST 4 months. Please think back to this date (<4m>) and enter something you did or something your family did during this time to help you remember the last month <_____>.

When answering the next questions, please think about the time when you did this (ARBA13>), around this date (<4m>), until today.

ARBA14. Thinking about the LAST 4 MONTHS (from <4m> until <today>), please enter the initials of your LAST sexual partner (someone you've had anal or vaginal sex with).
<_ARBA14>

ARBA15. Thinking about the LAST 4 MONTHS (from <4m> until <today>), did you have another partner in addition to <ARBA14> (someone you've had anal or vaginal sex with)?

1 – Yes 0 – No (skip to ARBA17)

ARBA15a. Please enter the initials of this sexual partner <ARBA15>

ARBA16. Thinking about the LAST 4 MONTHS (from <4m> until <today>), did you have another partner in addition to <ARBA14, ARBA15> (someone you've had anal or vaginal sex with)?

1 – Yes 0 – No (skip to ARBA17)

ARBA16a. Please enter the initials of this sexual partner <ARBA16>

We're going to begin by asking you about your LAST partner <ARBA14>.

ARBA17. What was the HIV status of this partner (<ARBA14>)?

- 1 He or she was HIV positive.
- 2 He or she was HIV negative.
- 98 I don't know his/her HIV status. (skip to ARBA18)

ARBA17a. How did you find out about this partner's HIV status?

- 1 He or she told me
- 2 I found out through another person
- 3 I assumed his/her HIV status
- 97 Other

ARBA17b. Other, Please Specify.

ARBA18. How would you describe your relationship with this partner (<ARBA14>)?

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

ARBA19. Was this partner <ARBA14> a paying (they paid you money for sex) or trade (you traded food, drugs, shelter or something else for sex) partner?

- 1 – Yes 0 – No

ARBA20. How long have you been with <ARBA14>?

- 1 Less than a month
- 2 1 to 3 months
- 3 4 to 6 months
- 4 7 months to 11 months
- 5 1 to 3 years
- 6 Over 3 years

ARBA21. How frequently did you drink alcohol before having anal or vaginal sex with this partner (<ARBA14>)?

- 1=Never
- 2=Less than half the time
- 3=About half the time

4=More than half the time
5=Always

ARBA22. How frequently did you use drugs before having anal or vaginal sex with this partner (<ARBA14>)?

1=Never
2=Less than half the time
3=About half the time
4=More than half the time
5=Always

ARBA23. What was this partner's (<ARBA14>) gender?

1 – Male
2 – Female
3 – Transgender (male-to-female)
4 – Transgender (female-to-male)

[Note to Programmer: Skip to ARBA29 for those with Vaginoplasty]

ARBA27. In the LAST 4 MONTHS, how many times did you have anal sex with this partner (<ARBA14>) with you as the top (you put your penis in his or her anus or butt)? [skip to ARBA29 if 0]

ARBA27a. You said you had anal sex with this partner (<ARBA14>) with you as the top this many times during the LAST 4 MONTHS (<ARBA28>). Thinking about those times, how many times did you use a condom during anal sex with this partner (<ARBA14>)?

ARBA28. In the last 4 months, how many times did you have anal sex with this partner (<ARBA14>) with you as the bottom (the partner put their penis in your anus or butt)? [skip to ARBA30 if 0]

ARBA28a. You said you had anal sex with this partner (<ARBA14>) with you as the bottom this many times during the LAST 4 MONTHS (<ARBA29>). Thinking about those times, how many times did you use a condom during anal sex with this partner (<ARBA14>)?

[Note to Programmer: Skip to ARBA31 for those with Vaginoplasty]

ARBA29. In the LAST 4 MONTHS, how many times did you have vaginal sex with this partner (<ARBA14>) with you as the top (you put your penis in his or her vagina)? [skip to ARBA31 if 0]

ARBA29a. You said you had vaginal sex with this partner (<ARBA14>) with you as the top this many times during the LAST 4 MONTHS (<ARBA30>). Thinking about those times, how many times did you use a condom during anal sex with this partner (<ARBA14>)?

[Note to Programmer: Skip to ARBA32 for those with a Penis]

ARBA30. In the last 4 months, how many times did you have vaginal sex with this partner (<ARBA14>) with you as the bottom (the partner put their penis in your vagina)? [skip to ARBA32 if 0]

ARBA30a. You said you had vaginal sex with this partner (<ARBA14>) with you as the bottom this many times during the LAST 4 MONTHS (<ARBA31>). Thinking about those times, how many times did you use a condom during anal sex with this partner (<ARBA14>)?

***** SECOND PARTNER*****

Now we're going to ask you about, this partner <ARBA15>

ARBA31. What was the HIV status of this partner (<ARBA15>)?

- 1 He or she was HIV positive.
- 2 He or she was HIV negative.
- 98 I don't know his/her HIV status. (skip to ARBA33)

ARBA36. How did you find out about this partner's HIV status?

- 1 He or she told me
- 2 I found out through another person
- 3 I assumed his/her HIV status
- 97 Other

ARBA36a. Other. Please Specify.

ARBA38. How would you describe your relationship with this partner (<ARBA15>)?

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

ARBA39. Was this partner <ARBA15> a paying (they paid you money for sex) or trade (you traded food, drugs, shelter or something else for sex) partner?

1 – Yes 0 – No

ARBA40. How long have you been with <ARBA15>?

- 1 Less than a month
- 2 1 to 3 months

- 3 4 to 6 months
- 4 7 months to 11 months
- 5 1 to 3 years
- 6 Over 3 years

ARBA41. How frequently did you drink alcohol before having anal or vaginal sex with this partner (<ARBA15>)?

- 1=Never
- 2=Less than half the time
- 3=About half the time
- 4=More than half the time
- 5=Always

ARBA42. How frequently did you use drugs before having anal or vaginal sex with this partner (<ARBA15>)?

- 1=Never
- 2=Less than half the time
- 3=About half the time
- 4=More than half the time
- 5=Always

ARBA43. What was this partner's (<ARBA15>) gender?

- 1 – Male
- 2 – Female
- 3 – Transgender (male-to-female)
- 4 – Transgender (female-to-male)

[Note to Programmer: Skip for those with Vaginoplasty]

ARBA47. In the LAST 4 MONTHS, how many times did you have anal sex with this partner (<ARBA15>) with you as the top (you put your penis in his or her anus or butt)? [skip to ARBA48 if 0]

ARBA47a. You said you had anal sex with this partner (<ARBA15>) with you as the top this many times during the LAST 4 MONTHS (<ARBA47>). Thinking about those times, how many times did you use a condom during anal sex with this partner (<ARBA15>)?

ARBA48. In the LAST 4 MONTHS, how many times did you have anal sex with this partner (<ARBA15>) with you as the bottom (the partner put their penis in your anus or butt)? [skip to ARBA49 if 0]

ARBA48a. You said you had anal sex with this partner (<ARBA15>) with you as the bottom this many times during the LAST 4 MONTHS (<ARBA48>). Thinking about those

times, how many times did you use a condom during anal sex with this partner (<ARBA15>)?

ARBA49. [Note to Programmer: Skip to ARBA31 for those with Vaginoplasty]

ARBA50. In the LAST 4 MONTHS, how many times did you have vaginal sex with this partner (<ARBA15>) with you as the top (you put your penis in his or her vagina)? [skip to ARBA50 if 0]

ARBA50a. You said you had vaginal sex with this partner (<ARBA15>) with you as the top this many times during the LAST 4 MONTHS (<ARBA49>). Thinking about those times, how many times did you use a condom during vaginal sex with this partner (<ARBA15>)?

[Note to Programmer: Skip to ARBA32 for those with a Penis]

ARBA51. In the LAST 4 MONTHS, how many times did you have vaginal sex with this partner (<ARBA15>) with you as the bottom (the partner put their penis in your vagina)? [skip to ARBA51 if 0]

ARBA51a. You said you had vaginal sex with this partner (<ARBA15>) with you as the bottom this many times during the LAST 4 MONTHS (<ARBA50>). Thinking about those times, how many times did you use a condom during vaginal sex with this partner (<ARBA15>)?

*****THIRD PARTNER*****

Now we're going to ask you about this partner, <ARBA16>

ARBA55. What was the HIV status of this partner (<ARBA15>)?

- 1 He or she was HIV positive.
- 2 He or she was HIV negative.

98 I don't know his/her HIV status. (skip to ARBA56)

ARBA55a. How did you find out about this partner's HIV status?

- 1 He or she told me
- 2 I found out through another person
- 3 I assumed his/her HIV status
- 97 Other

ARBA55b. Other. Please Specify.

ARBA57. How would you describe your relationship with this partner (<ARBA16>)?

1. Serious relationship (boyfriend/girlfriend), someone you dated for a while and feel very close to.
2. Casually dating but not serious
3. Sleeping with this person (fuck buddy or booty call) but not dating
4. One night stand
5. Stranger or anonymous person

ARBA58. Was this partner <ARBA16> a paying (they paid you money for sex) or trade (you traded food, drugs, shelter or something else for sex) partner?

- 1 – Yes 0 – No

ARBA59. How long have you been with <ARBA16>?

- 3 Less than a month
- 4 1 to 3 months
- 5 4 to 6 months
- 6 7 months to 11 months
- 7 1 to 3 years
- 8 Over 3 years

ARBA60. How frequently did you drink alcohol before having anal or vaginal sex with this partner (<ARBA16>)?

- 1=Never
- 2=Less than half the time
- 3=About half the time
- 4=More than half the time
- 5=Always

ARBA61. How frequently did you use drugs before having anal or vaginal sex with this partner (<ARBA16>)?

- 1=Never
- 2=Less than half the time
- 3=About half the time
- 4=More than half the time
- 5=Always

ARBA62. What was this partner's (<ARBA15>) gender?

- 1 – Male

- 2 – Female
- 3 – Transgender (male-to-female)
- 4 – Transgender (female-to-male)

[Note to Programmer: Skip to ARBA32 for those with Vaginoplasty]

ARBA66. In the LAST 4 MONTHS, how many times did you have anal sex with this partner (<ARBA15>) with you as the top (you put your penis in his or her anus or butt)? [skip to ARBA64 if 0]

ARBA66a. You said you had anal sex with this partner (<ARBA15>) with you as the top this many times during the LAST 4 MONTHS (<ARBA66>). Thinking about those times, how many times did you use a condom during anal sex with this partner (<ARBA15>)?

ARBA67. How many times did you have anal sex with this partner (<ARBA15>) during the LAST 4 MONTHS with you as the bottom (this partner put their penis in your anus or butt)? [skip to ARBA68 if 0]

ARBA67a. You said you had anal sex with this partner (<ARBA15>) with you as the bottom this many times during the LAST 4 MONTHS (<ARBA67>). Thinking about those times, how many times did you use a condom during anal sex with this partner (<ARBA15>)?

[Note to Programmer: Skip to ARBA32 for those with vaginoplasty]

ARBA68. In the LAST 4 MONTHS, how many times did you have vaginal sex with this partner (<ARBA15>) with you as the top (you put your penis in his or her vagina)? [skip to ARBA69 if 0]

ARBA68a. You said you had vaginal sex with this partner (<ARBA15>) with you as the top this many times during the LAST 4 MONTHS (<ARBA68>). Thinking about those times, how many times did you use a condom during vaginal sex with this partner (<ARBA15>)?

[Note to Programmer: Skip to ARBA32 for those with a Penis]

ARBA69. How many times did you have vaginal sex with this partner (<ARBA15>) during the LAST 4 MONTHS with you as the bottom (this partner put their penis in your vagina)? [skip to ARBA70 if 0]

ARBA69a. You said you had vaginal sex with this partner (<ARBA15>) with you as the bottom this many times during the LAST 4 MONTHS (<ARBA69>). Thinking about those times, how many times did you use a condom during vaginal sex with this partner (<ARBA15>)?

*****ADDITIONAL PARTNERS*****

ARBA73. Thinking about the LAST 4 MONTHS, how many other people have you had vaginal or anal sex with besides these partners (<ARBA14>, <ARBA15>, <ARBA16>)? Remember to answer about the LAST 4 MONTHS (from <4m> until <today>). _____ (If "0" partners, skip to END OF ARBA)

ARBA74. Think of the other sexual partners you've had (<ARBA74> 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? _____

VAARBA74a. You said you had anal or vaginal sex with other partners besides these 3 partners (<ARBA14>, <ARBA15>, <ARBA16>) this many times during the LAST 4 MONTHS (<ARBA72>). Thinking about those times, how many times did you have sex without using a condom during anal or vaginal sex with these other partners? _____

PREP QUESTIONS (PRP) – Version: Follow-Up- REMOTE

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.

PRP1. How interested are you in taking PrEP medication to help prevent HIV infection?

- 1-very interested
- 2-somewhat interested
- 3-somewhat uninterested
- 4-very uninterested

PRP2. Have you taken PrEP in the last 4 months?

- 1-Yes
- 0-No (SKIP to PRP5)

PRP3. Have you taken PrEP in the past month?

- 1-Yes
- 0-No (SKIP TO PRP5)

PRP4. In the past month, have you often have you taken PrEP?

- 1-At least 4 days a week for every week during the past month
- 2-At least 3 days a week for every week during the past month
- 3-At least 2 days a week for every week during the past month
- 4-At least once a week for every week during the past month
- 5-I didn't take PrEP every week during the past month (some weeks I took it, and some weeks I didn't)

PRP5. In the past 4 months, how many times have you seen a provider for PrEP care and follow-up?
_____ [Type in a number]

PRP6. In the past 4 months (or since the last time you completed a TLC survey), have you tested for HIV somewhere other than at the TLC?

- 1 – Yes
- 0 – No (if selected, skip to end)

1. In the past 4 months, how many times did you test for HIV other than at the TLC? [Type a number]
2. What was the date of the last test that you took that was not at the TLC? [DATE: __/__/____]
3. What was the result of that last HIV test?

- 1-HIV positive
- 2-HIV negative
- 3-The test was not conclusive (not positive or negative)
- 4- I don't know

GENDER AFFIRMATION

(Self-Administered)

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.

GND1. Have you ever taken female hormones?

1 – Yes

0 – No (skip to GND2)

GND1a. At what age did you begin taking hormones?

— —

GND1b. How many times in the last 4 months have you taken hormones?

— —

GND2. In the last 4 months, where did you usually get your hormones? (*Check all that apply*)

1- From a clinic or health center

2- From a private doctor, private practice or HMO

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

4- From a lover or sex partner

5- From a friend

97 – Something else

GND2a. If =97, specify _____

GND3. Have you ever injected silicone?

1 – Yes

0– No (SKIP to GND4)

GND3a. Where have you injected silicone? (*Check all that apply*)

1 – In your cheeks, chin or face

2 – In your hips or buttocks

3 – In your breasts

97 – Somewhere else

GND3a. If =97, specify _____

GND4. 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*).

- 1 – None – never had any surgery/laser therapy
- 2 – Breast implants (breast augmentation)
- 3 – Facial or neck surgery (for example, nose job, cheek implants, forehead lift, etc.)
- 4 – Vaginal surgery (vaginoplasty)
- 97 – Somewhere else

GND4a. If =97, specify _____

The following questions are about your attitudes towards your gender identity.

GND5. How important is it to you to have a driver's license or ID that says you are female?

- 1 - Not at all important
- 2 - Slightly important
- 3 - Moderately important
- 4 - Very important
- 5 - Extremely important

GND6. How important is it to you that strangers call you "she" when talking about you?

- 1 - Not at all important
- 2 - Slightly important
- 3 - Moderately important
- 4 - Very important
- 5 - Extremely important

GND7. How important is it to you that family members call you "she" when talking about you?

- 1 - Not at all important
- 2 - Slightly important
- 3 - Moderately important
- 4 - Very important
- 5 - Extremely important

GND8. How important is it to you that your friends call you "she" when talking about you?

- 1 - Not at all important
- 2 - Slightly important
- 3 - Moderately important
- 4 - Very important
- 5 - Extremely important

GND9. How important is it to you that health care providers call you “she” when talking about you?

- 1 - Not at all important
- 2 - Slightly important
- 3 - Moderately important
- 4 - Very important
- 5 - Extremely important

GND10. How comfortable are you with going out in public during the day?

- 1 - Not at all comfortable
- 2 - Slightly comfortable
- 3 - Moderately comfortable
- 4 - Very comfortable
- 5 - Extremely comfortable

GND11. How comfortable are you with people knowing that you are transgender?

- 1 - Not at all comfortable
- 2 - Slightly comfortable
- 3 - Moderately comfortable
- 4 - Very comfortable
- 5 - Extremely comfortable

GND12. How satisfied are you with your body the way it is right now? By “right now”, I mean in general, not just today.

- 1 - Not at all satisfied
- 2 - Slightly satisfied
- 3 - Moderately satisfied
- 4 - Very satisfied
- 5 - Extremely satisfied

GND13. How satisfied are you with the way you look right now? By “right now”, I mean in general, not just today.

- 1 - Not at all satisfied
- 2 - Slightly satisfied
- 3 - Moderately satisfied
- 4 - Very satisfied
- 5 - Extremely satisfied

GND14. How satisfied are you with your current level of femininity?

- 1 - Not at all satisfied
- 2 - Slightly satisfied
- 3 - Moderately satisfied
- 4 - Very satisfied
- 5 - Extremely satisfied

Collective Self-Esteem Scale (CSES)

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 by using the following scale where:

1= strongly disagree, 2= disagree, 3=disagree somewhat, 4= neutral, 5=agree somewhat, 6=agree, 7= strongly agree.

CSES1. I am a worthy member of the transgender community that I belong to.

1	2	3		4	5	6
Strongly Disagree	Disagree	Disagree somewhat		Agree somewhat	Agree	Strongly agree

CSES2. I often regret that I belong to the transgender community. *

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES3. Overall, the transgender community is considered good by others.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES4. Overall, my membership in the transgender community has very little to do with how I feel about myself.*

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES5. I feel I don't have much to offer to the transgender community that I belong to. *

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES6. In general, I'm glad to be a member of the transgender community that I belong to.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES7. Most people consider the transgender community, on the average, to be more ineffective than other communities or social groups. *

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES8. The transgender community that I belong to is an important reflection of who I am.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES9. I am a cooperative participant in the transgender community that I belong to.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES10. Overall, I often feel that the transgender community of which I am a member is not worthwhile. *

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES11. In general, others respect the transgender community that I am a member of.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

CSES12. The transgender community that I belong to is unimportant to my sense of what kind of a person I am. *

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree	Neutral	Agree	Agree	Strongly

SOCIAL SUPPORT
(Self-Administered)

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

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

1. To help take care of you if you are sick? Would you say...
1=none of the time
2=a little of the time
3=some of the time
4=most of the time
5=all of the time
2. To help with daily chores if you are sick? Would you say... (Tangible support)
1=none of the time
2=a little of the time
3=some of the time
4=most of the time
5=all of the time
3. To get together with you for relaxation? Would you say...(Positive social interaction)
1=none of the time
2=a little of the time
3=some of the time
4=most of the time
5=all of the time
4. To understand your problems? Would you say...(Emotional/informational support)
1=none of the time
2=a little of the time
3=some of the time
4=most of the time
5=all of the time
5. To love you and make you feel wanted? Would you say... (Affectionate support)
1=none of the time
2=a little of the time
3=some of the time
4=most of the time
5=all of the time
6. To borrow money from when you need it? Would you say...
1=none of the time
2=a little of the time
3=some of the time
4=most of the time
5=all of the time

THE ALCOHOL, SMOKING, AND SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST)

INSTRUCTIONS: Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. We are 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.

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.)	0	3
2. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
3. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
4. Cocaine (coke, crack, etc.)	0	3
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
9. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
10. Other – specify:	0	3

If all questions in Section 1 (1 – 10) were NO, skip to Section 8 (#61). Otherwise, skip to Section 2 for those substances answered YES.

Question 2					
In the past three months, how often have you used the substances you mentioned? (Only answer for those marked yes above)	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	0	2	3	4	6
2. Alcoholic beverages (beer, wine, spirits, etc.)?	0	2	3	4	6
3. Cannabis (marijuana, pot, grass, hash, etc.)?	0	2	3	4	6
4. Cocaine (coke, crack, etc.)?	0	2	3	4	6
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	0	2	3	4	6
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	0	2	3	4	6
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	0	2	3	4	6
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	0	2	3	4	6
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	0	2	3	4	6
10. Other - specify: _____ (ACASI will copy from section 1)	0	2	3	4	6

If all items in Section 2 were answered "Never", skip to Section 6.

If any substances in Section 2 = 3, 4, 5, or 6, continue with Sections 3-5 for each substance used in the past 3 months

Question 3					
During the past three months, how often have you had a strong desire or urge to use (if used in the past 3 months in section 2)	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	0	3	4	5	6
2. Alcoholic beverages (beer, wine, spirits, etc.)?	0	3	4	5	6
3. Cannabis (marijuana, pot, grass, hash, etc.)?	0	3	4	5	6
4. Cocaine (coke, crack, etc.)?	0	3	4	5	6
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	0	3	4	5	6
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	0	3	4	5	6
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	0	3	4	5	6
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	0	3	4	5	6
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	0	3	4	5	6

10. Other specify: _____ ? (ACASI will copy from section 1)	0	3	4	5	6
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Question 4					
During the <u>past three months</u> , how often has your use of (<i>FIRST DRUG, SECOND DRUG, etc. ACASI will pull from section 1</i>) 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.)?	0	4	5	6	7
2. Alcoholic beverages (beer, wine, spirits, etc.)?	0	4	5	6	7
3. Cannabis (marijuana, pot, grass, hash, etc.)?	0	4	5	6	7
4. Cocaine (coke, crack, etc.)?	0	4	5	6	7
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	0	4	5	6	7
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	0	4	5	6	7
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	0	4	5	6	7
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	0	4	5	6	7
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	0	4	5	6	7
10. Other - specify: _____? (ACASI will specify from section 1)	0	4	5	6	7

Question 5					
During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of (<i>FIRST DRUG, SECOND DRUG, etc. ACASI will pull from section 1</i>)	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	0	5	6	7	8
2. Alcoholic beverages (beer, wine, spirits, etc.)?	0	5	6	7	8
3. Cannabis (marijuana, pot, grass, hash, etc.)?	0	5	6	7	8
4. Cocaine (coke, crack, etc.)?	0	5	6	7	8
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	0	5	6	7	8
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	0	5	6	7	8
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	0	5	6	7	8
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	0	5	6	7	8
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	0	5	6	7	8
10. Other –specify _____? (ACASI will copy from section 1)	0	5	6	7	8

Question 6			
Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (FIRST DRUG, SECOND DRUG, etc. ACASI will pull from section 1)	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	0	6	3
2. Alcoholic beverages (beer, wine, spirits, etc.)?	0	6	3
3. Cannabis (marijuana, pot, grass, hash, etc.)?	0	6	3
4. Cocaine (coke, crack, etc.)?	0	6	3
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	0	6	3
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	0	6	3
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	0	6	3
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	0	6	3
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	0	6	3
10. Other – specify _____ ? (ACASI will copy from section 1)	0	6	3

Question 7			
Have you <u>ever</u> tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, etc. ACASI will pull from section 1)	No, Never	Yes, in the past 3 months	Yes, but not in the last 3 months
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	0	6	3
2. Alcoholic beverages (beer, wine, spirits, etc.)?	0	6	3
3. Cannabis (marijuana, pot, grass, hash, etc.)?	0	6	3
4. Cocaine (coke, crack, etc.)?	0	6	3
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?	0	6	3
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)?	0	6	3
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)?	0	6	3
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	0	6	3
9. Opioids (heroin, morphine, methadone, codeine, etc.)?	0	6	3
10. Other – specify _____ ? (ACASI copies from section 1)	0	6	3

Question 8

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
1. Have you <u>ever</u> used any drug by injection? (<i>NON-MEDICAL USE ONLY - Not prescribed your health care provider</i>)	0	2	1

Short Depression Scale (CES-D 10)

(Self-Administered)

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.

CESD1. I was bothered by things that usually don't bother me.

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

CESD2. I had trouble keeping my mind on what I was doing

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

CESD3. I felt depressed.

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

CESD4. I felt that everything I did was an effort.

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

CESD5. I felt hopeful about the future.

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

CESD6. I felt fearful.

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

CESD7. My sleep was restless.

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

CESD8. I was happy.

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

CESD9. I felt lonely.

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

CESD10. I could not "get going."

1-Rarely or none of the time (less than 1 day)

2-Some or a little of the time (1-2 days)

3-Occasionally or a moderate amount of time (3-4 days)

4-All of the time (5-7 days)

General Anxiety Disorder (GAD)-7

(Self-Administered)

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

GAD1. Feeling nervous, anxious or on edge

- 1-Not at all
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

GAD2. 2. Not being able to stop or control worrying

- 1-Not at all
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

GAD3. 3. Worrying too much about different things

- 1-Not at all
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

GAD4. 4. Trouble relaxing

- 1-Not at all
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

GAD5. 5. Being so restless that it is hard to sit still

- 1-Not at all
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

GAD6. 6. Becoming easily annoyed or irritable

- 1-Not at all
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

GAD7. 7. Feeling afraid as if something awful might happen

- 1-Not at all
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

Client Satisfaction Questionnaire

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.

CSQ1. How would you rate the quality of TLC program?

- 1- Very Good
- 2- Good
- 3- Poor
- 4- Very poor

CSQ2. Did the TLC program meet your expectations?

- 1- Yes
- 2- No

CSQ3. To what extent has the TLC program met your needs?

- 1- All of my needs have been met
- 2- Some of my needs have been met
- 3- None of my needs have been met

CSQ4. If a friend were interested in the TLC program, would you recommend it to them?

- 1- Yes
- 2- No

CSQ5. Was the TLC program useful to you?

- 1- Yes
- 2- No

CSQ6. If you were to seek help again, would you come back to the TLC program?

- 1- Yes
- 2- No

.....

Very
Dissatisfied

Very
Satisfied

CSQ7. How satisfied are you with the amount of information you received in the TLC program?..... 1 2 3 4 5

CSQ8. How satisfied are you with the TLC program overall?..... 1 2 3 4 5

Intervention Acceptability

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

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
CSQ9. The TLC program helped me to establish positive friendships with other trans women	1	2	3	4	5
CSQ10. I learned useful information from the TLC program	1	2	3	4	5
CSQ11. The TLC program helped me get better connected to the transgender community	1	2	3	4	5
CSQ12. The TLC program increased my desire to access other services and programs for trans women.....	1	2	3	4	5
CSQ13. I liked the activities we completed in the TLC program	1	2	3	4	5
CSQ14. TheTLC program helped me to understand things that might cause me to engage in unhealthy behavior, like having unsafe sex.....	1	2	3	4	5
CSQ15. The topics we covered in the TLC program applied to my life	1	2	3	4	5
CSQ16. The TLC program helped me to create positive goals for myself	1	2	3	4	5
CSQ17. The TLC program helped me feel good about my future	1	2	3	4	5

CSQ18. Would you recommend the TLC program to other trans women?

1- Yes (**SKIP to Q19**)

0- No

CSQ18a. **If NO**, why wouldn't you recommend this program to other trans women?

CSQ19. Do you have any other feedback about the TLC program?

**Other HIV Intervention Participation
(Interviewer Administered)**

OTHER HIV1. In the past 4 months, in addition to participation in the TransLife Center (TLC), have you participated in other HIV prevention programs or studies?

1-Yes

0-No

OTHER HIV1a. 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.]