

Form Approved
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HIV prevention among Latina transgender women who have sex with men:
Evaluation of a locally developed intervention

Attachment 4c
ChiCAS Questionnaire English

**HIV Prevention among Latina Transgender Women Who Have Sex with Men:
Evaluation of a Locally Developed Intervention**

Baseline and Follow-up Assessment Questionnaire

(NOTE: The Spanish version of the baseline assessment will be used in the proposed study; this English version is included solely for purposes of review.)

| | |
|-------------------------------------|--|
| Date: | |
| Interviewer: | |
| Participant ID: | |
| Place and city of interview: | |
| Time interview started: | |
| Time interview completed: | |

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 privacy 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 the efficacy of the locally developed ChiCAS HIV prevention intervention for Hispanic/Latina transgender women.

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Again, we thank you for your time and participation in this assessment. Please remember that when answering these questions, it is very important to be honest. Some of the items will be very personal. Questions about your own health and sexual behaviors and feelings of discrimination, as examples, may be uncomfortable for you, but it is important that you be truthful.

Remember, all the information obtained you provide will be kept private. I am a trained professional and respect the trust you have given me. I will not make judgments about you or your answers. I will not tell anyone about what we talked about today and your answers will not be identifiable. Your name will be removed from the assessment so that others will not know your responses.

Also, there are no right or wrong answers, and we rely on you to be honest. The information that you provide will ensure the quality of this research. It will help us understand generally what is going on in the lives of transgender women like you and the needs of the community. It may create opportunities for new projects that are focused on these community needs. It will help us improve the quality of the lives of women like you. Simply, it will help us prevent HIV and support access to hormone therapy. Your honest answers can help us save lives.

Thanks for your participation. I have a few questions for you to get us started.

| | |
|--|---|
| 1) Which of the following best describes your ethnicity? | <input type="checkbox"/> ₁ Hispanic or Latino <input type="checkbox"/> ₀ Not Hispanic or Latino <i>[If not Hispanic or Latino, skip to end of assessment, item 134]</i> |
| 2) How old are you? | _____ years old <i>[If under 18 years old, skip to end of assessment, item 134]</i> |
| 3) In which language would you consider yourself to be fluent? | <input type="checkbox"/> ₁ Only Spanish <input type="checkbox"/> ₂ More Spanish than English <input type="checkbox"/> ₃ Both equally <input type="checkbox"/> ₄ More English than Spanish <i>[If more English than Spanish, skip to end of assessment, item 134]</i> <input type="checkbox"/> ₅ Only English <i>[If only English, skip to end of assessment, item 134]</i> |
| 4) What sex was on your original birth certificate? | <input type="checkbox"/> ₀ Male <input type="checkbox"/> ₁ Female |

| | |
|---|---|
| | <i>[If female, skip to end of assessment, item 134]</i> |
| 5) How do you describe your gender identity? | <input type="checkbox"/> ₀ Male <input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male-to-female transgender (MTF) <input type="checkbox"/> ₃ Female-to-male transgender (FTM) <input type="checkbox"/> ₄ Other gender identity (specify) <hr/> <i>[If “male”, “female-to-male transgender”, or some other specific category that indicates that they identify as male, skip to end of assessment, item 134]</i> |
| 6) What was the result of your recent HIV test? | <input type="checkbox"/> ₀ Positive <i>[If “positive”, skip to end of assessment, item 134]</i> <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ I don’t know <input type="checkbox"/> ₃ Indeterminate <input type="checkbox"/> ₄ Never tested |
| 7) In the past 6 months, have you had sex with a man at least once? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <i>[If no, skip to end of assessment, item 134]</i> |

GENERAL HEALTH & ACCESS TO CARE

**The next questions are about your general health and your access to health care.
We are asking this question of everyone just to get a picture of your perception of your health.**

| | |
|--|--|
| 8) Compared to other people your age, would you say your health is... | <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor |
| 9) When did you most recently see a medical provider such as a doctor or nurse in the US for a routine check-up, a routine physical examine, or something similar, <u>not</u> including an Emergency Department visit? | <input type="checkbox"/> ₀ Never <input type="checkbox"/> ₁ Within past 6 months <input type="checkbox"/> ₂ Within the past year <input type="checkbox"/> ₃ 1-2 years ago <input type="checkbox"/> ₄ Over 2 years ago |
| 10) When did you most recently see a medical provider such as a doctor or nurse <u>in the US</u> for help with hormone therapy for feminization? | <input type="checkbox"/> ₀ Never <input type="checkbox"/> ₁ Within past 6 months <input type="checkbox"/> ₂ Within the past year <input type="checkbox"/> ₃ 1-2 years ago <input type="checkbox"/> ₄ Over 2 years ago |
| 11) When did you most recently see a medical provider such as a doctor or nurse <u>in another country</u> for help with hormone therapy for feminization? | <input type="checkbox"/> ₀ Never <input type="checkbox"/> ₁ Within past 6 months <input type="checkbox"/> ₂ Within the past year <input type="checkbox"/> ₃ 1-2 years ago |

| | |
|----------------------------|---|
| | <input type="checkbox"/> Over 2 years ago |
| 12) What country was that? | |

BARRIERS TO HEALTH CARE

| Have any of the following reasons prevented you from seeking or obtaining general health or medical care in the US in the past 12 months? | |
|---|--|
| 13A) You did not have health insurance. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13B) The clinic, health department, or hospital was too far away. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13C) You did not have transportation. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13D) You could not take time off from work. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13E) The clinic, health department, or hospital was not open when you could go. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13F) The staff and providers did not speak your language. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13G) You were not sure where to go for the services you needed. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13H) It took too long to get an appointment. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13I) During previous visits it took too long to see a doctor. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13J) You felt like you would be treated poorly. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13K) You didn't know whether you were eligible to be seen. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13L) You were concerned about other people finding out about your health. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13M) You thought that the medical bill would be too high. | <input type="checkbox"/> No <input type="checkbox"/> Yes |

ACCULTURATION

| The following section is about language and how you prefer to communicate. | |
|--|--|
| 14A) In general, what language(s) do you read and speak? | <input type="checkbox"/> Only Spanish <input type="checkbox"/> More Spanish than English <input type="checkbox"/> Both equally <input type="checkbox"/> More English than Spanish <input type="checkbox"/> Only English <input type="checkbox"/> Other language, please specify: _____ |
| 14B) What was the language(s) you used as a child? | <input type="checkbox"/> Only Spanish <input type="checkbox"/> More Spanish than English <input type="checkbox"/> Both equally |

- 4 More English than Spanish
- 5 Only English
- 6 Other language, please specify:

14C) What language(s) do you usually speak at home?

- 1 Only Spanish
- 2 More Spanish than English
- 3 Both equally
- 4 More English than Spanish
- 5 Only English
- 6 Other language, please specify:

14D) In which language(s) do you usually think?

- 1 Only Spanish
- 2 More Spanish than English
- 3 Both equally
- 4 More English than Spanish
- 5 Only English
- 6 Other language, please specify:

14E) What language(s) do you usually speak with your friends?

- 1 Only Spanish
- 2 More Spanish than English
- 3 Both equally
- 4 More English than Spanish
- 5 Only English
- 6 Other language, please specify:

14F) In what language(s) are the TV programs you usually watch?

- 1 Only Spanish
- 2 More Spanish than English
- 3 Both equally
- 4 More English than Spanish
- 5 Only English
- 6 Other language, please specify:

14G) In what language(s) are the radio programs you usually listen to?

- 1 Only Spanish
- 2 More Spanish than English
- 3 Both equally
- 4 More English than Spanish
- 5 Only English
- 6 Other language, please specify:

14H) In general, what language(s) are the movies, TV, and radio programs you prefer to watch and listen to?

- 1 Only Spanish
- 2 More Spanish than English
- 3 Both equally
- 4 More English than Spanish
- 5 Only English
- 6 Other language, please specify:

| | |
|---|--|
| 14I) Your close friends are... | <input type="checkbox"/> ₁ All Latinos/Hispanics <input type="checkbox"/> ₂ More Latinos than Americans <input type="checkbox"/> ₃ About half and half <input type="checkbox"/> ₄ More Americans than Latinos <input type="checkbox"/> ₅ All Americans <input type="checkbox"/> ₆ Other, please specify: _____ |
| 14J) You prefer going to social gatherings/parties at which people are... | <input type="checkbox"/> ₁ All Latinos/Hispanics <input type="checkbox"/> ₂ More Latinos than Americans <input type="checkbox"/> ₃ About half and half <input type="checkbox"/> ₄ More Americans than Latinos <input type="checkbox"/> ₅ All Americans <input type="checkbox"/> ₆ Other, please specify: _____ |
| 14K) The persons you visit or who visit you are... | <input type="checkbox"/> ₁ All Latinos/Hispanics <input type="checkbox"/> ₂ More Latinos than Americans <input type="checkbox"/> ₃ About half and half <input type="checkbox"/> ₄ More Americans than Latinos <input type="checkbox"/> ₅ All Americans <input type="checkbox"/> ₆ Other, please specify: _____ |
| 14L) If you could choose your children's friends you would want them to be... | <input type="checkbox"/> ₁ All Latinos/Hispanics <input type="checkbox"/> ₂ More Latinos than Americans <input type="checkbox"/> ₃ About half and half <input type="checkbox"/> ₄ More Americans than Latinos <input type="checkbox"/> ₅ All Americans <input type="checkbox"/> ₆ Other, please specify: _____ |

HORMONE THERAPY USE

I want to ask you a bit about your use of transition-related services such as hormone therapy. Remember that your answers are safe with me. I won't tell anyone what we talked about today, and this information will help us plan for future potential projects.

| | |
|--|--|
| 15) Have you <u>ever</u> used hormones for feminization? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <i>[If no, skip to 21A]</i> |
| 16) Are you <u>currently</u> using hormones for feminization? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 17) When did you <u>first</u> start using hormones for feminization? | _____ Month/year |
| 18) When you <u>first</u> started using hormones for feminization, where did you get them? | <input type="checkbox"/> ₁ Tienda in US <input type="checkbox"/> ₂ Tienda in your country of origin <input type="checkbox"/> ₃ Flea market in US <input type="checkbox"/> ₄ Flea market in your country of origin |

| | |
|---|---|
| | <input type="checkbox"/> ₅ Traditional healer (e.g., Curandero, Botanico or Husero) in US <input type="checkbox"/> ₆ Traditional healer (e.g., Curandero, Botanico or Husero) in your country of origin <input type="checkbox"/> ₇ Friends in US <input type="checkbox"/> ₈ Friends in your country of origin <input type="checkbox"/> ₉ Family in US <input type="checkbox"/> ₁₀ Family in your country of origin <input type="checkbox"/> ₁₁ The internet <input type="checkbox"/> ₁₂ A medical doctor or nurse in the US prescribed them and you obtained them at a pharmacy <input type="checkbox"/> ₁₃ A medical doctor or nurse in your country of origin prescribed them and you obtained them at a pharmacy <input type="checkbox"/> ₁₄ Other, please specify: _____ |
| 19) When did you get your <u>most recent</u> hormones for feminization? | _____ Month/Year |
| 20A) Where did you get your <u>most recent</u> hormones for feminization? | <input type="checkbox"/> ₁ Tienda in US <input type="checkbox"/> ₂ Tienda in your country of origin <input type="checkbox"/> ₃ Flea market in US <input type="checkbox"/> ₄ Flea market in your country of origin <input type="checkbox"/> ₅ Traditional healer (e.g., Curandero, Botanico or Husero) in US <input type="checkbox"/> ₆ Traditional healer (e.g., Curandero, Botanico or Husero) in your country of origin <input type="checkbox"/> ₇ Friends in US <input type="checkbox"/> ₈ Friends in your country of origin <input type="checkbox"/> ₉ Family in US <input type="checkbox"/> ₁₀ Family in your country of origin <input type="checkbox"/> ₁₁ The internet <input type="checkbox"/> ₁₂ A medical doctor or nurse in the US prescribed them and you obtained them at a pharmacy <input type="checkbox"/> ₁₃ A medical doctor or nurse in your country of origin prescribed them and you obtained them at a pharmacy <input type="checkbox"/> ₁₄ Other, please specify: _____ |
| 20B) Where did you go to get your <u>most recent</u> prescription? | <input type="checkbox"/> ₉₉ I did not obtain hormones prescribed by a medical doctor or nurse in the US. Name of place and provider: Address: City: State: Zip: |

| | |
|---|---|
| <p>20C) What pharmacy did you use to get your <u>most recent</u> prescription filled?</p> | <input type="checkbox"/> I did not obtain hormones prescribed by a medical doctor or nurse in the US. Name: Address: City: State: Zip: |
|---|---|

HORMONE THERAPY KNOWLEDGE

| Please tell me if the following statements are true or false. But don't worry if you don't know an answer; you can also tell me that you don't know. | False | True | Don't Know |
|--|-----------------------------|-----------------------------|------------------------------|
| 21A) Only a medical doctor or nurse can determine the appropriate hormone therapy and dose. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 21B) Transgender women who are taking hormones should have periodic checkups with a medical doctor or nurse. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 21C) It is dangerous to use hormones without supervision of a medical doctor or nurse. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 21D) Hormones obtained from a tienda, the internet, or one's friends are safe to use. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 21E) Using hormones other than as prescribed by a medical doctor or nurse can cause damage to the kidneys, liver, and heart, and could increase risk for diabetes. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 21F) Taking hormones changes the size of one's adam's apple. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 21G) Taking hormones completely eliminates facial hair. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 21H) There are places in NC that offer medically supervised hormone therapy for transgender women at reduce cost without insurance. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 21I) A prescription for hormone therapy must be obtained from a medical doctor or nurse. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |

READINESS FOR MEDICALLY SUPERVISED HORMONES

| | Not at all likely | A little likely | Moderately likely | Very likely | Extremely likely | I am already taking medically supervised hormone therapy |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|
| 22) How likely is it that you would initiate medically supervised hormone therapy from a medical doctor or nurse in the US? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _99 <i>[Skip to 26A]</i> |
| 23) Are you planning to initiate medically supervised hormone therapy in the next 6 months? | | | | | | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 24) Are you planning to initiate medically supervised hormone therapy in the next 30 days? | | | | | | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |

| | |
|---|--|
| 25) Have you made an appointment with a doctor or at a clinic to obtain medically supervised hormone therapy? | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
|---|--|

BARRIERS TO MEDICALLY SUPERVISED HORMONE THERAPY

| Have any of the following reasons prevented you from seeking or obtaining medically supervised hormone therapy in the US in the past 12 months? | |
|--|--|
| 26A) You did not have health insurance. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26B) The clinic, health department, or hospital was too far away. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26C) You did not have transportation. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26D) You could not take time off from work. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26E) The clinic, health department, or hospital was not open when you could go. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26F) The staff and providers did not speak your language. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26G) You were not sure where to go for medically supervised hormone therapy. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26H) It took too long to get an appointment. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26I) During previous visits it took too long to see a doctor. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26J) You felt like you would be treated poorly. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26K) You didn't know whether you were eligible to be seen. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26L) You were concerned about other people finding out about your health. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 26M) You thought that the medical bill would be too high. | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |

ACCESSING MEDICALLY SUPERVISED HORMONE THERAPY

| | |
|--|--|
| 27) If you wanted to learn more about hormones for feminization, where would you go? | <input type="checkbox"/> _88 Don't know |
| 28) If you wanted to get a prescription for hormones for feminization, where would you go? | <input type="checkbox"/> _88 Don't know |

HIV KNOWLEDGE

I'd like to ask you about what you know about HIV.
By answering the following questions as honestly as possible, you will help ensure that this and future projects are meeting the health needs of Latinas like yourself.

Please tell me if the following statements are true or false.

| | False | True | Don't Know |
|--|-----------------------------|-----------------------------|------------------------------|
| 29A) HIV is a virus that causes AIDS. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29B) Coughing and sneezing do not spread HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29C) A person can get HIV by sharing a glass of water with someone who has HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29D) Showering, douching, or washing one's genitals/private parts after sex keeps a person from getting HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29E) If a man looks good, he doesn't have HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29F) All pregnant women infected with HIV will have babies born with HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29G) People who have been infected with HIV quickly show physical signs of being infected. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29H) I am safe from HIV if I only have unprotected sex with married men. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29I) There is a vaccine that can stop adults from getting HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29J) An animal skin condom works better against HIV than does a latex condom. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29K) A person will not get HIV if she or he is taking antibiotics. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29L) Vaseline and baby oil are products that should be used with latex condoms. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29M) There is a cure for HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29N) Latinos in the US have higher rates of HIV infection than whites. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29O) During anal sex, the "top" (or insertive partner) is not at risk for HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29P) The southeastern US has higher rates of HIV infection than other regions of the US. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29Q) North Carolina has one of the fastest growing HIV infection rates in the US. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29R) North Carolina ranks within the top 10 US states with new HIV diagnoses. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 29S) Transgender women have higher rates of HIV than than the general population. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |

STD KNOWLEDGE

Next are a few statements about sexually transmitted diseases, also known as STDs.

Please tell me if the following statements are true or false.

| | False | True | Don't Know |
|---|-----------------------------|-----------------------------|------------------------------|
| 30A) Someone infected with an STD will always develop symptoms within 2 months. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30B) There is a vaccine that prevents Hepatitis B. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |

| | | | |
|--|-----------------------------|-----------------------------|------------------------------|
| 30C) It is possible to self-diagnosis for STD infection. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30D) Female infertility can result from an untreated STD. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30E) People who have another STD, such as herpes, chlamydia, and gonorrhea are at greater risk for contracting HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30F) People infected with genital herpes (Herpes Simplex Virus-type 2) can only pass the infection to someone else during the time that they have blisters or sores in the genital region. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30G) Oral-anal sexual contact ('rimming') can spread Hepatitis A infection. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30H) Chlamydia is the most common bacterial STD in the United States. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30I) There is an STD that can cause cancer. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30J) Genital warts can never be transmitted as long as condoms are used. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30K) Painful urination is a symptom of gonorrhoea. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30L) I was treated for an STD so I am now immune from getting it again. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30M) If someone is being treated for HIV, they cannot get an STD. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30N) Only those with lots of partners are at risk for STD infection. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 30O) Syphilis infection in North Carolina is increasing among men who have sex with men. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |

PrEP

**One way to prevent HIV is to use a medication called PrEP.
PrEP stands for pre-exposure prophylaxis.**

| | |
|---|--|
| 31) Have you heard of PrEP? | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes |
| 32) Are you <u>currently</u> using PrEP? | <input type="checkbox"/> _0 No <input type="checkbox"/> _1 Yes <i>[If no, skip to 38]</i> |
| 33) When did you <u>first</u> start using PrEP? | _____ Month/year |
| 34) When you <u>first</u> started using PrEP, where did you go to get a prescription? | Name of place and provider: Address: City: State: Zip: |

| | |
|--|--|
| 35) Where did you go to get your <u>most recent</u> prescription? | Name of place and provider: Address: City: State: Zip: |
| 36) What pharmacy did you use to get your <u>most recent</u> prescription filled? | Name: Address: City: State: Zip: |
| 37) In the past seven days, how many days did you <u>not</u> take PrEP? | [Fill in number here:] _____ <input type="checkbox"/> I took PrEP as prescribed |
| 38) On a scale from 0 to 10, with 0 being knowing nothing at all and 10 being a lot, how much would you say you know about PrEP? | 0 1 2 3 4 5 6 7 8 9 10 (Nothing at all) (A lot) |

PrEP KNOWLEDGE

| Please tell me if the following statements are true or false. But don't worry if you don't know an answer; you can also tell me that you don't know. | False | True | Don't Know |
|--|-----------------------------|-----------------------------|------------------------------|
| 39A) PrEP can reduce the chances of getting HIV among those without HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 39B) The medication that is currently approved for use as PrEP is called Truvada. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 39C) If taken every day as directed by a doctor, PrEP can be 99% effective against getting HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 39D) PrEP protects against other STDs. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 39E) PrEP is a cure for HIV. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 39F) Most people who take PrEP report side effects. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 39G) PrEP can be taken with food. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 39H) Someone who has HIV should take PrEP. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 39I) PrEP interacts with female hormones that some transgender take or plan to take. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |
| 39J) To be effective, PrEP must be taken every day. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _88 |

| | | | |
|---|---------------------------------------|---------------------------------------|--|
| 39K) A prescription for PrEP must be obtained from a medical doctor or nurse. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 39L) Only a pharmacy can provide PrEP. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 39M) There are no places available to get PrEP in the local community. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |

READINESS FOR PrEP

| | Not at all likely | A little likely | Moderately likely | Very likely | Extremely likely | I am already using PrEP |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 40) How likely is it that you'd use PrEP? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉₉ <i>[Skip to 44A]</i> |

| | | |
|--|--|---|
| 41) Are you planning to initiate PrEP use in the next 6 months? | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ Yes |
| 42) Are you planning to initiate PrEP use in the next 30 days? | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ Yes |
| 43) Have you made an appointment with a doctor or at a clinic to obtain a prescription for PrEP? | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ Yes |

BARRIERS TO PrEP

| Have any of the following reasons prevented you from seeking or obtaining PrEP in the US in the past 12 months? | |
|---|--|
| 44A) You did not have health insurance. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44B) The clinic, health department, or hospital was too far away. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44C) You did not have transportation. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44D) You could not take time off from work. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44E) The clinic, health department, or hospital was not open when you could go. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44F) The staff and providers did not speak your language. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44G) You were not sure where to go to get PrEP. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44H) It took too long to get an appointment. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44I) During previous visits it took too long to see a doctor. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44J) You felt like you would be treated poorly. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44K) You didn't know whether you were eligible to be seen. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44L) You were concerned about other people finding out about your health. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 44M) You thought that the medical bill would be too high. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |

| |
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ACCESSING PrEP

| | | |
|---|--|--|
| 45) If you wanted to learn more about PrEP, where would you go? | | <input type="checkbox"/> ₈₈ Don't know |
| 46) If you wanted to get a prescription for PrEP, where would you go? | | <input type="checkbox"/> ₈₈ Don't know |

PROVIDER TRUST AND COMMUNICATION

Thinking about doctors in general, please tell me how strongly you agree or disagree with the following statements.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 47A) Sometimes doctors care more about what is convenient for them than about their patients' medical needs. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 47B) Doctors are extremely thorough and careful. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 47C) I completely trust doctors' decisions about which medical treatments are best. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 47D) A doctor would never mislead me about anything. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 47E) All in all, I trust doctors completely. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48A) When all is said and done, I am the person who is responsible for managing my health. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48B) Taking an active role in my own health care is the most important factor in determining my health and ability to function. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48C) I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48D) I know what each of my prescribed medications do. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48E) I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48F) I am confident I can tell my health care provider concerns I have even when he or she does not ask. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48G) I am confident that I can follow through on medical treatments I need to do at home. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48H) I understand my health. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48I) I know the different medical treatment options available for me. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48J) I have been able to maintain the lifestyle changes for my health that I have made. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48K) I know how to prevent problems with my health. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 48L) I am confident I can figure out solutions when situations or problems arise with my health. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

48M) I am confident that I can maintain lifestyle changes even during times of stress

₁ ₂ ₃ ₄

SEXUAL IDENTITY

Now I am going to ask you few more very personal questions about sex and sexual behaviors. Remember that your responses are private, and you do not have to answer any question you are not comfortable with. Just be honest.

These questions help us understand the behaviors and needs of Latina women just like you.

| | |
|--|--|
| <p>49) Which of the following best represents how you think of yourself?</p> | <p><input type="checkbox"/>₀ Gay (lesbian or gay) <input type="checkbox"/>₁ Straight, this is not gay (or lesbian or gay) <input type="checkbox"/>₂ Bisexual <input type="checkbox"/>₃ Something else <input type="checkbox"/>₄ I don't know the answer</p> |
| <p>50) What is your <u>current</u> relationship status?</p> | <p><input type="checkbox"/>₁ Single and not dating anyone special <i>[Skip to 52]</i> <input type="checkbox"/>₂ Dating someone special and having sex with other people also <input type="checkbox"/>₃ Dating someone special and not having sex with other people <input type="checkbox"/>₄ Partnered or married and have sex with other people also <input type="checkbox"/>₅ Partnered or married and don't have sex with other people</p> |
| <p>51) If dating, partnered, or married, what is that person's gender?</p> | <p><input type="checkbox"/>₀ Female <input type="checkbox"/>₁ Male <input type="checkbox"/>₂ Male to female transgender <input type="checkbox"/>₃ Female to male transgender <input type="checkbox"/>₄ Other [please specify]: _____</p> |

SEX WITH MEN AND WOMEN

Now, I want to ask you about sex with men. In these next questions when we say "sex" we mean "oral" or "anal" sex. Oral sex is when someone puts their penis in another person's mouth. Anal sex is when someone puts their penis in another person's anus. Do you understand these terms?

| | |
|--|----------------------|
| <p>52) How many men have you had sex with in the <u>past 6 months</u>?</p> | <p>_____ # men</p> |
| <p>53) How many women have you had sex with in the <u>past 6 months</u>?</p> | <p>_____ # women</p> |

First, I want to ask you about the times that a man put his penis in your anus to have sex.

| | |
|--|---|
| 54) About when was the <u>most recent time</u> that a man put his penis in your anus? | <input type="checkbox"/> ₇₇ I have never had a man put his penis in my anus. <i>[Skip to 58]</i> <input type="checkbox"/> ₁ Within the past week <input type="checkbox"/> ₂ Within the past 30 days, but more than a week ago <input type="checkbox"/> ₃ Over one month ago but within the past 3 months <input type="checkbox"/> ₄ 3 months but less than 6 months ago <input type="checkbox"/> ₅ 6 months ago but less than a year ago <input type="checkbox"/> ₆ A year or more ago |
| 55) Thinking about the most <u>recent time</u> that a man put his penis in your anus, did he use condoms? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 56) Thinking about all the times that a man put his penis in your anus during the past 30 days, how often did he use condoms? | <input type="checkbox"/> ₇₇ I have not had a man put his penis in my anus in the past 30 days. <input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Once in awhile <input type="checkbox"/> ₃ About half the time <input type="checkbox"/> ₄ Most of the time <input type="checkbox"/> ₅ Always |
| 57) Thinking about all the times that a man put his penis in your anus during the past 3 months, how often did he use condoms? | <input type="checkbox"/> ₇₇ I have not had a man put his penis in my anus in the past 3 months. <input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Once in awhile <input type="checkbox"/> ₃ About half the time <input type="checkbox"/> ₄ Most of the time <input type="checkbox"/> ₅ Always |

| | |
|---|--|
| Some transgender women have vaginas. If you have a vagina, we want to know about your use of condoms when a man puts his penis in your vagina. | |
| 58) About when was the <u>most recent time</u> that a man put his penis in your vagina, if you have a vagina? | <input type="checkbox"/> ₇₇ I have never had a man put his penis in my vagina or I don't have a vagina. <i>[Skip to 62]</i> <input type="checkbox"/> ₁ Within the past week <input type="checkbox"/> ₂ Within the past 30 days, but more than a week ago <input type="checkbox"/> ₃ Over one month ago but within the past 3 months <input type="checkbox"/> ₄ 3 months but less than 6 months ago <input type="checkbox"/> ₅ 6 months ago but less than a year ago <input type="checkbox"/> ₆ A year or more ago |
| 59) Thinking about the most <u>recent time</u> that a man put his penis in your vagina, did he use condoms? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 60) Thinking about all the times that a man put his penis in your vagina during the past 30 days, how often did he use condoms? | <input type="checkbox"/> ₇₇ I have not had a man put his penis in my vagina in the past 30 days <input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Once in awhile <input type="checkbox"/> ₃ About half the time <input type="checkbox"/> ₄ Most of the time <input type="checkbox"/> ₅ Always |

| | |
|---|--|
| <p>61) Thinking about all the times that a man put his penis in your vagina during the past 3 months, how often did he use condoms?</p> | <p><input type="checkbox"/>₇₇ I have not had a man put his penis in my vagina in the past 3 months</p> <p><input type="checkbox"/>₁ Never</p> <p><input type="checkbox"/>₂ Once in awhile</p> <p><input type="checkbox"/>₃ About half the time</p> <p><input type="checkbox"/>₄ Most of the time</p> <p><input type="checkbox"/>₅ Always</p> |
|---|--|

Some transgender women have penises. If you have a penis, we want to know about your use of condoms when you have sex with men and women.
First, I want to ask you about the times you put your penis in the anus of a man to have sex.

| | |
|---|---|
| <p>62) About when was the <u>most recent time</u> that you put your penis in the anus of a man?</p> | <p><input type="checkbox"/>₇₇ I never have put my penis in the anus of a man or I don't have a penis <i>[Skip to 66]</i></p> <p><input type="checkbox"/>₁ Within the past week</p> <p><input type="checkbox"/>₂ Within the past 30 days, but more than a week ago</p> <p><input type="checkbox"/>₃ Over one month ago but within the past 3 months</p> <p><input type="checkbox"/>₄ 3 months but less than 6 months ago</p> <p><input type="checkbox"/>₅ 6 months ago but less than a year ago</p> <p><input type="checkbox"/>₆ A year or more ago</p> |
|---|---|

| | |
|---|--|
| <p>63) Thinking about the most <u>recent time</u> you put your penis in the anus of a man, did you use condoms?</p> | <p><input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> |
|---|--|

| | |
|---|--|
| <p>64) Thinking about all the times you put your penis in the anus of a man during the past 30 days, how often did you use condoms?</p> | <p><input type="checkbox"/>₇₇ I have not put my penis in the anus of a man in the past 30 days</p> <p><input type="checkbox"/>₁ Never</p> <p><input type="checkbox"/>₂ Once in awhile</p> <p><input type="checkbox"/>₃ About half the time</p> <p><input type="checkbox"/>₄ Most of the time</p> <p><input type="checkbox"/>₅ Always</p> |
|---|--|

| | |
|--|---|
| <p>65) Thinking about all the times you put your penis in the anus of a man during the past 3 months, how often did you use condoms?</p> | <p><input type="checkbox"/>₇₇ I have not put my penis in the anus of a man in the past 3 months</p> <p><input type="checkbox"/>₁ Never</p> <p><input type="checkbox"/>₂ Once in awhile</p> <p><input type="checkbox"/>₃ About half the time</p> <p><input type="checkbox"/>₄ Most of the time</p> <p><input type="checkbox"/>₅ Always</p> |
|--|---|

Now, I want to ask you about the times you put your penis in the vagina of a woman to have sex.

| | |
|---|--|
| <p>66) About when was the <u>most recent time</u> that you put your penis in the vagina of a woman?</p> | <p><input type="checkbox"/>₇₇ I never have put my penis in the vagina of a woman or I don't have a penis <i>[Skip to 70]</i></p> <p><input type="checkbox"/>₁ Within the past week</p> <p><input type="checkbox"/>₂ Within the past 30 days, but more than a week ago</p> |
|---|--|

| | |
|--|--|
| | <input type="checkbox"/> ₃ Over one month ago but within the past 3 months <input type="checkbox"/> ₄ 3 months but less than 6 months ago <input type="checkbox"/> ₅ 6 months ago but less than a year ago <input type="checkbox"/> ₆ A year or more ago |
| 67) Thinking about the most <u>recent time</u> you put your penis in the vagina of a woman, did you use condoms? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 68) Thinking about all the times you put your penis in the vagina of a woman during the past 30 days, how often did you use condoms? | <input type="checkbox"/> ₇₇ I have not put my penis in the vagina of a woman in the past 30 days <input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Once in awhile <input type="checkbox"/> ₃ About half the time <input type="checkbox"/> ₄ Most of the time <input type="checkbox"/> ₅ Always |
| 69) Thinking about all the times you put your penis in vagina of a woman during the past 3 months, how often did you use condoms? | <input type="checkbox"/> ₇₇ I have not put my penis in the vagina of a woman in the past 3 months <input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Once in awhile <input type="checkbox"/> ₃ About half the time <input type="checkbox"/> ₄ Most of the time <input type="checkbox"/> ₅ Always |

Now, I want to ask you about the times you put your penis in the anus of a woman to have sex.

| | |
|---|---|
| 70) About when was the <u>most recent time</u> that you put your penis in the anus of a woman? | <input type="checkbox"/> ₇₇ I never have put my penis in the anus of a woman or I don't have a penis [<i>Skip to 74</i>] <input type="checkbox"/> ₁ Within the past week <input type="checkbox"/> ₂ Within the past 30 days, but more than a week ago <input type="checkbox"/> ₃ Over one month ago but within the past 3 months <input type="checkbox"/> ₄ 3 months but less than 6 months ago <input type="checkbox"/> ₅ 6 months ago but less than a year ago <input type="checkbox"/> ₆ A year or more ago |
| 71) Thinking about the most <u>recent time</u> you put your penis in the anus of a woman, did you use condoms? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 72) Thinking about all the times you put your penis in the anus of a woman during the past 30 days, how often did you use condoms? | <input type="checkbox"/> ₇₇ I have not put my penis in the anus of a woman in the past 30 days. <input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Once in awhile <input type="checkbox"/> ₃ About half the time <input type="checkbox"/> ₄ Most of the time <input type="checkbox"/> ₅ Always |
| 73) Thinking about all the times you put your penis in the anus of a woman during the past 3 months, how often did you use condoms? | <input type="checkbox"/> ₇₇ I have not put my penis in the anus of a woman in the past 3 months. <input type="checkbox"/> ₁ Never |

| | |
|--|---|
| | <input type="checkbox"/> ₂ Once in awhile <input type="checkbox"/> ₃ About half the time <input type="checkbox"/> ₄ Most of the time <input type="checkbox"/> ₅ Always |
|--|---|

| | |
|---|--|
| <p>74) Where did you first meet your <u>most recent male sex partner</u>?</p> | <input type="checkbox"/> ₁ Adult bookstore <input type="checkbox"/> ₂ Through friend(s) <input type="checkbox"/> ₃ Gay bar / Club <input type="checkbox"/> ₄ Sex club / Bathhouse <input type="checkbox"/> ₅ Non-gay bar / Club <input type="checkbox"/> ₆ Gym / health club / athletic activity <input type="checkbox"/> ₇ Facebook <input type="checkbox"/> ₈ Internet dating or social networking site, including apps like Grindr, Jackd, Adam4Adam, and badoo <input type="checkbox"/> ₉ Public places including park, shopping mall, library, public transportation <input type="checkbox"/> ₁₀ School <input type="checkbox"/> ₁₁ Social organizations / volunteer service activities <input type="checkbox"/> ₁₂ Private party or social club <input type="checkbox"/> ₁₃ Vacation / Business trip <input type="checkbox"/> ₁₃ Work <input type="checkbox"/> ₁₄ Grocery store <input type="checkbox"/> ₁₆ Church, political group <input type="checkbox"/> ₁₇ Some other way (please specify): <hr style="width: 20%; margin-left: 0;"/> |
|---|--|

CONDOM USE SKILLS

| <p>There are certain steps to using a condom correctly. The following are statements about using a condom, some of which are correct, and some of which are incorrect. Tell me whether the statement is correct or incorrect.</p> | | | |
|--|---------------------------------------|---------------------------------------|--|
| | Correct | Incorrect | Don't know |
| 75A) Use a latex condom. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75B) Tear along one side of the foil, being sure not to rip the condom inside. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75C) Put the condom on anytime before ejaculation. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75D) Put the condom on when the penis is erect, before there is any contact between the penis and the other partner's anus or vagina. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75E) Completely unroll the condom before placing on the penis. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75F) Withdraw the penis while it is still erect by holding the condom firmly in place, then remove the condom. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |

| | | | |
|---|---------------------------------------|---------------------------------------|--|
| 75G) If the penis is uncircumcised, pull the foreskin towards the base (hair) of the penis before putting the condom on. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75H) Use a water-based lubricant (e.g., KY Jelly). | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75I) Squeeze the closed end of the condom between your forefinger and thumb and unroll the condom over the erect penis. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75J) Wrap the used condom back in the foil to save for the next time. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75K) Unroll the condom to the base (hair) of the penis. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75L) Use an oil-based lubricant. (i.e., oil, Vaseline, baby oil) | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75M) Check the expiration date on the condom. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75N) Tear the condom package open with your teeth | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75O) With one hand pinch the tip of the condom to leave space and prevent air bubbles, and with the other hand, unroll the condom | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75P) Dispose of the used condoms. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75Q) Wash the condom to use it again. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |
| 75R) Use a lambskin condom. | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₈₈ |

CONDOM USE INTENTIONS

| | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <p>Now I am going to read some statements and want you to tell me how likely the following statement is to occur. You can choose: Not at all likely; A little likely; Moderately likely; Very likely; and Extremely likely</p> | | | | | |
| | Not at all likely | A little likely | Moderately likely | Very likely | Extremely likely |
| 76A) During the next month, you intend to try to persuade your partner(s) to use condoms every time you have sex. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 76B) You intend to get condoms during the next month. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 76C) You intend to always have condoms handy during the next month. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 76D) You intend to use condoms every time you have sex during the next month. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

STD SELF REPORT

| | |
|---|--|
| <p>Now I'm going to ask questions about specific sexual activities and sexually transmitted diseases. You can stop and ask me if you don't understand the names of these diseases.</p> | |
| Have you <u>ever</u> been to a clinic, hospital, health department, or doctor's office for either of the following? | |
| 77) To be tested for sexually transmitted diseases (STDs) | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |

| | |
|---|--|
| 78) To be tested for HIV | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 79) During the past 12 months, have you been to a clinic, hospital, health department, or doctor's office to be tested for sexually transmitted diseases (STDs)? This does not include testing for HIV. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 80) During the past 6 months, have you been to a clinic, hospital, health department, or doctor's office to be tested for sexually transmitted diseases (STDs)? This does not include testing for HIV. | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 81) During the past 12 months, have you been to a clinic, hospital, health department, or doctor's office to be tested for HIV? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 82) During the past 6 months, have you been to a clinic, hospital, health department, or doctor's office to be tested for HIV? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 83) Where did you take your <u>most recent</u> HIV test? (What place or location? Examples include health department, free clinic, doctor's office) | |
| 84) What was the result of your <u>most recent</u> HIV test? | <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₃ Indeterminate <input type="checkbox"/> ₄ Did not get the result of the most recent past test |

| Has a doctor or nurse ever told you that you have the following sexually transmitted diseases (STDs)? If a doctor or nurse has told you, how long ago was the <u>most recent</u> diagnosis: | | | | |
|--|-----------|--------------------------|-------------------|---------------------------|
| | Never (0) | Less than 1 year ago (1) | 1-5 years ago (2) | More than 5 years ago (3) |
| 85) Gonorrhoea | | | | |
| 86) Syphilis | | | | |
| 87) Chlamydia | | | | |
| 88) Herpes | | | | |
| 89) Hepatitis A/B/C | | | | |
| 90) HIV / AIDS | | | | |
| 91) HPV / Genital Warts | | | | |
| 92) Other: _____ | | | | |

| | No | Yes |
|--|---------------------------------------|---------------------------------------|
| 93) In the past 3 months, have you given something to a man in exchange for sex? (i.e., money, drugs, alcohol, other) | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ |
| 94) In the past 3 months, have you received something from a man in exchange for sex? (i.e., money, drugs, alcohol, other) | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ |

| | | |
|--|---------------------------------------|---------------------------------------|
| 95) In the past 3 months, have you given something to a woman in exchange for sex? (i.e., money, drugs, alcohol, other) | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ |
| 96) In the past 3 months, have you received something from a woman in exchange for sex? (i.e., money, drugs, alcohol, other) | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ |

BARRIERS TO HIV TESTING

If you have never been tested for HIV, what are the reasons why you have never taken an HIV test? Please tell me all of the reasons that apply.

| | |
|--|---|
| 97A) I have been tested for HIV <i>[Skip to 98A]</i> | <input type="checkbox"/> ₁ Yes |
| 97B) I don't have health insurance. | <input type="checkbox"/> ₁ Yes |
| 97C) I am afraid that my result will be reported to the government | <input type="checkbox"/> ₁ Yes |
| 97D) I am afraid I might be HIV positive. | <input type="checkbox"/> ₁ Yes |
| 97E) I am afraid people will think I'm transgender. | <input type="checkbox"/> ₁ Yes |
| 97F) I am afraid people might treat me differently. | <input type="checkbox"/> ₁ Yes |
| 97G) I don't have the time. | <input type="checkbox"/> ₁ Yes |
| 97H) I don't have transportation. | <input type="checkbox"/> ₁ Yes |
| 97I) I can't afford it. | <input type="checkbox"/> ₁ Yes |
| 97J) I have been practicing safer sex. | <input type="checkbox"/> ₁ Yes |
| 97K) I know my sexual partners don't have HIV. | <input type="checkbox"/> ₁ Yes |
| 97L) I am not at risk for HIV. | <input type="checkbox"/> ₁ Yes |
| 97M) I can't take time off from work. | <input type="checkbox"/> ₁ Yes |
| 97N) I don't think I am eligible to be seen. | <input type="checkbox"/> ₁ Yes |
| 97O) The hours aren't convenient to my work schedule. | <input type="checkbox"/> ₁ Yes |
| 97P) I don't know where to get tested. | <input type="checkbox"/> ₁ Yes |
| 97Q) It is not important. | <input type="checkbox"/> ₁ Yes |
| 97R) No one recommended getting tested to me. | <input type="checkbox"/> ₁ Yes |
| 97S) Other: _____ | <input type="checkbox"/> ₁ Yes |

Now think about the past 12 months. If you have not been tested for HIV in the past 12 months, what are the reasons why you have not taken an HIV test? Please tell me all of the reasons that apply.

| | |
|---|---|
| 98A) I have been tested for HIV in the past 12 months. <i>[Skip to 99A]</i> | <input type="checkbox"/> ₁ Yes |
|---|---|

| | |
|---|---|
| 98B) I don't have health insurance. | <input type="checkbox"/> ₁ Yes |
| 98C) I am afraid that my result will be reported to the government. | <input type="checkbox"/> ₁ Yes |
| 98D) I am afraid I might be HIV positive. | <input type="checkbox"/> ₁ Yes |
| 98E) I am afraid people will think I'm transgender. | <input type="checkbox"/> ₁ Yes |
| 98F) I am afraid people might treat me differently. | <input type="checkbox"/> ₁ Yes |
| 98G) I don't have the time. | <input type="checkbox"/> ₁ Yes |
| 98H) I don't have transportation. | <input type="checkbox"/> ₁ Yes |
| 98I) I can't afford it. | <input type="checkbox"/> ₁ Yes |
| 98J) I have been practicing safer sex. | <input type="checkbox"/> ₁ Yes |
| 98K) I know my sexual partners don't have HIV. | <input type="checkbox"/> ₁ Yes |
| 98L) I am not at risk for HIV. | <input type="checkbox"/> ₁ Yes |
| 98M) I can't take time off from work. | <input type="checkbox"/> ₁ Yes |
| 98N) I don't think I am eligible to be seen. | <input type="checkbox"/> ₁ Yes |
| 98O) The hours aren't convenient to my work schedule. | <input type="checkbox"/> ₁ Yes |
| 98P) I don't know where to get tested. | <input type="checkbox"/> ₁ Yes |
| 98Q) It is not important. | <input type="checkbox"/> ₁ Yes |
| 98R) No one recommended getting tested to me. | <input type="checkbox"/> ₁ Yes |
| 98S) Other: _____ | <input type="checkbox"/> ₁ Yes |

PERCEIVED DISCRIMINATION

**Now I want to ask you about feeling of discrimination.
How strongly do you agree or disagree with each statement?**

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 99A) Since coming to the US, I often have the feeling that I am being treated unfairly because of my ethnicity/race. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99B) Since coming to the US, I have experienced violence due to my ethnicity/race. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99C) Since coming to the US, I have experienced discrimination due to my ethnicity/race. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

| | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 99D) Since coming to the US, I often have the feeling that I am being treated unfairly because I am transgender. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99E) Since coming to the US, I have experienced violence because I am transgender. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99F) Since coming to the US, I have experienced discrimination because I am transgender. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99G) Since coming to the US, I often have the feeling that I am being treated unfairly because I have sex with men. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99H) Since coming to the US, I have experienced violence because I have sex with men. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99I) Since coming to the US, I have experienced discrimination because I have sex with men. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99J) Since coming to the US, I often have the feeling that I am being treated unfairly because of my documentation status. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99K) Since coming to the US, I have experienced violence due to my documentation status. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 99L) Since coming to the US, I have experienced discrimination due to my documentation status. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

SUBSTANCE USE

These next questions ask about substance use. Again, like in all of the questions, it is important to be honest so that we obtain the most accurate information and can develop the best programs to help Latinas.

Thinking about drug use over the past 12 months...

| <i>Column A</i> | | <i>Column B</i> |
|-----------------|---|--|
| Have you used? | About how frequently? [Read response options] | |
| 100) Marijuana | <input type="checkbox"/> ₁ Yes→ go to column B <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₇ Daily <input type="checkbox"/> ₆ 5-6 days a week <input type="checkbox"/> ₅ 3-4 days a week <input type="checkbox"/> ₄ 1-2 days a week <input type="checkbox"/> ₃ Several times a month <input type="checkbox"/> ₂ About once a month <input type="checkbox"/> ₁ Several times in the past 12 months |
| 101) Cocaine | <input type="checkbox"/> ₁ Yes→ go to column B <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₇ Daily <input type="checkbox"/> ₆ 5-6 days a week <input type="checkbox"/> ₅ 3-4 days a week <input type="checkbox"/> ₄ 1-2 days a week <input type="checkbox"/> ₃ Several times a month <input type="checkbox"/> ₂ About once a month <input type="checkbox"/> ₁ Several times in the past 12 months |
| 102) Crack | <input type="checkbox"/> ₁ Yes→ go to column B <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₇ Daily <input type="checkbox"/> ₆ 5-6 days a week <input type="checkbox"/> ₅ 3-4 days a week |

| | | |
|---|---|--|
| | | <input type="checkbox"/> ₄ 1-2 days a week <input type="checkbox"/> ₃ Several times a month <input type="checkbox"/> ₂ About once a month <input type="checkbox"/> ₁ Several times in the past 12 months |
| 103) Alkyl Nitrites such as poppers, Rush | <input type="checkbox"/> ₁ Yes→ go to column B <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₇ Daily <input type="checkbox"/> ₆ 5-6 days a week <input type="checkbox"/> ₅ 3-4 days a week <input type="checkbox"/> ₄ 1-2 days a week <input type="checkbox"/> ₃ Several times a month <input type="checkbox"/> ₂ About once a month <input type="checkbox"/> ₁ Several times in the past 12 months |
| 104) Pain Killers: Oxycotin, Percocet | <input type="checkbox"/> ₁ Yes→ go to column B <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₇ Daily <input type="checkbox"/> ₆ 5-6 days a week <input type="checkbox"/> ₅ 3-4 days a week <input type="checkbox"/> ₄ 1-2 days a week <input type="checkbox"/> ₃ Several times a month <input type="checkbox"/> ₂ About once a month <input type="checkbox"/> ₁ Several times in the past 12 months |
| 105) What other Drug: 1 | <input type="checkbox"/> ₁ _____ | <input type="checkbox"/> ₇ Daily <input type="checkbox"/> ₆ 5-6 days a week <input type="checkbox"/> ₅ 3-4 days a week <input type="checkbox"/> ₄ 1-2 days a week <input type="checkbox"/> ₃ Several times a month <input type="checkbox"/> ₂ About once a month <input type="checkbox"/> ₁ Several times in the past 12 months |
| 106) What other Drug: 2 | <input type="checkbox"/> ₂ _____ | <input type="checkbox"/> ₇ Daily <input type="checkbox"/> ₆ 5-6 days a week <input type="checkbox"/> ₅ 3-4 days a week <input type="checkbox"/> ₄ 1-2 days a week <input type="checkbox"/> ₃ Several times a month <input type="checkbox"/> ₂ About once a month <input type="checkbox"/> ₁ Several times in the past 12 months |

| | |
|---|--|
| 107A) In the past 12 months, have you ever used a needle or syringe that was used by someone else, even one time, outside of a medical setting to inject vitamins, medicines, drugs, or any other substances? | <input type="checkbox"/> ₀ No [<i>Skip to 108</i>] <input type="checkbox"/> ₁ Yes |
| 107B) If yes, please specify what substances you injected: | _____ |

| | |
|-----------------|-----------------|
| <i>Column A</i> | <i>Column B</i> |
|-----------------|-----------------|

| | | |
|--|---|--|
| | | About how frequently? <i>[Read response options]</i> |
| 108) Have you drunk alcohol in the past 12 months? | <input type="checkbox"/> ₁ Yes→ go to column B <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₇ Daily <input type="checkbox"/> ₆ 5-6 days a week <input type="checkbox"/> ₅ 3-4 days a week <input type="checkbox"/> ₄ 1-2 days a week <input type="checkbox"/> ₃ Several times a month <input type="checkbox"/> ₂ About once a month <input type="checkbox"/> ₁ Several times in the past 12 months |
| 109) In a typical week how many days do you get drunk? | | _____ Days <input type="checkbox"/> ₉₉ Don't drink alcohol |
| 110) Considering all types of alcoholic beverages, how many <i>times</i> during the past 30 days did you have 5 drinks or more on an occasion? | | _____ Times <input type="checkbox"/> ₉₉ Don't drink alcohol |
| 111) In the past 30 days, how many times have you been drunk immediately before or during sex? | | _____ Times |
| 112) In the past 30 days, how many times have you been high on drugs immediately before or during sex? | | _____ Times |

TRANSPHOBIA

**On a scale of 1 to 7, which best describes your response to the following statements?
The following questions are about how you have felt in the last 3 months about being transgender.
Give your first response and don't spend a lot of time on any of the statements.**

| | | | | | | | |
|---|--------------------------|---|---|---|---|---|-----------------------|
| 113A) Being transgender makes me feel special and unique. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113B) Being perceived as transgender by others is okay for me. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113C) I sometimes resent my transgender identity. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113D) Being transgender makes me feel like a freak. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113E) I feel isolated and separate from other transgender people. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113F) I have no problem talking about my transgenderism to almost anyone. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |

| | | | | | | | |
|---|--------------------------|---|---|---|---|---|-----------------------|
| 113G) Being transgender is a gift. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113H) When I think of being transgender, I feel depressed. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113I) For me, passing is everything. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113J) I cannot be happy unless I am perceived as a woman. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113K) Being read makes me try harder to pass. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113L) I am like other people but I am also special because I am transgender. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113M) Passing is my biggest concern. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113N) When I think about being transgender, I feel unhappy. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113O) Often, I feel weird like an outcast or a pervert. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113P) I often ask myself: Why can't I just be normal? | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113Q) It's much better to pass as female than to be recognized as transgender. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113R) I sometimes feel that being transgender is embarrassing. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113S) I am proud to be a transgender person. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113T) If I look the part, talk the talk, and walk the walk of a woman, it will allow others to accept me. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113U) Passing is a standard to measure my success. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113V) When interacting with members of the transgender community, I often feel like I don't fit in. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113W) I envy people who are not transgender. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |

| | | | | | | | |
|--|--------------------------|---|---|---|---|---|-----------------------|
| 113X) I'm not like other transgender people. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113Y) I am comfortable revealing to others that I am transgender. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |
| 113Z) I'd rather have people know everything and accept me as transgender. | 1 (Strongly disagree) | 2 | 3 | 4 | 5 | 6 | 7 (Strongly agree) |

EMPLOYMENT & EDUCATION

The following questions are about education and income.

| | |
|--|---|
| 114) What is the <u>highest</u> level of education you reached? | <input type="checkbox"/> ₁ Less than 5 years of school <input type="checkbox"/> ₂ 5-8 years of school <input type="checkbox"/> ₃ Less than high school diploma or equivalent (GED) <input type="checkbox"/> ₄ High school diploma or equivalent (GED) <input type="checkbox"/> ₅ Some college <input type="checkbox"/> ₆ 2-year college degree <input type="checkbox"/> ₇ 4-year college degree <input type="checkbox"/> ₈ Master's degree, professional degree, or more |
| 115) Are you currently in school, not including ESL? | <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes |
| 116) Are you in school full or part time? | <input type="checkbox"/> ₉₉ I'm not in school <input type="checkbox"/> ₀ Part-time <input type="checkbox"/> ₁ Fulltime |
| 117) What best describes your current employment status? | <input type="checkbox"/> ₁ Employed year round <input type="checkbox"/> ₂ Employed in seasonal work but not year round <input type="checkbox"/> ₃ Retired <input type="checkbox"/> ₄ Unemployed since arrived in US <input type="checkbox"/> ₅ Unemployed seasonal worker <input type="checkbox"/> ₆ Unemployed (but not '4' or '5' above) <input type="checkbox"/> ₇ Disabled and not working |
| 118) Of the following, what types of work have you done the past 12 months in the US? (Please check all that apply.) | |
| <input type="checkbox"/> ₉₉ Have not worked in US in past 12 months <input type="checkbox"/> ₁ Animal Slaughtering/ Processing <input type="checkbox"/> ₂ Furniture Manufacturing <input type="checkbox"/> ₃ Other type of factory (list) _____ <input type="checkbox"/> ₄ Construction <input type="checkbox"/> ₅ Farming <input type="checkbox"/> ₆ Lawn care / Landscaping <input type="checkbox"/> ₇ Food services (waiter/cook) <input type="checkbox"/> ₈ Janitor / Industrial Cleaning | <input type="checkbox"/> ₉ Hair stylist / Barber <input type="checkbox"/> ₁₀ Child care <input type="checkbox"/> ₁₁ Clerical / Administrative <input type="checkbox"/> ₁₂ Management <input type="checkbox"/> ₁₃ Sales / Retail <input type="checkbox"/> ₁₄ Odd jobs (work done from time to time) <input type="checkbox"/> ₁₅ Cashier <input type="checkbox"/> ₁₆ Bagging groceries <input type="checkbox"/> ₁₇ Other, please specify: _____ |

| | |
|--|--|
| 119) How much money do you take home each week? | \$_____ .00 |
| 120) About how much money do you receive each month from <u>all</u> sources? | <input type="checkbox"/> _0 None <input type="checkbox"/> _1 \$1-\$99 <input type="checkbox"/> _2 \$100-\$499 <input type="checkbox"/> _3 \$500-\$999 <input type="checkbox"/> _4 \$1,000-\$1,999 <input type="checkbox"/> _5 \$2,000-\$2,999 <input type="checkbox"/> _6 \$3000 or more |

ETHNIC GROUP PRIDE

Now I am going to read some statements and want you to tell me how much you agree or disagree with each statement. You can choose: Strongly disagree; Disagree; Agree; and Strongly agree.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 121A) I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121B) I am active in organizations or social groups that include mostly members of my own ethnic group. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121C) I have a clear sense of my ethnic background and what it means for me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121D) I think a lot about how my life will be affected by my ethnic group membership. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121E) I am happy that I am a member of the group I belong to. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121F) I have a strong sense of belonging to my own ethnic group. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121G) I understand pretty well what my ethnic group membership means to me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121H) In order to learn more about my ethnic background, I have often talked to other people about my ethnic group. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121I) I have a lot of pride in my ethnic group. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121J) I participate in cultural practices of my own group, such as special food, music, or customs. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121K) I feel a strong attachment towards my own ethnic group. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 121L) I feel good about my cultural or ethnic background. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |

IMMIGRATION & SOCIAL SUPPORT

These are the final set of questions. Thanks for your cooperation and patience!

| | |
|---------------------------|--------|
| 122) Where were you born? | _____ |
| | [city] |

| | |
|---|--|
| | _____ [region/state/department] _____ [country] |
| 123) How old were you when you first came to live in the United States? | _____ Years old <input type="checkbox"/> I was born in the US |
| 124) How long have you lived in the US, total years and/or months? | _____ [years] _____ [months] |
| 125) How long have you lived in NC total years and/or months? | _____ [years] _____ [months] |
| 126) What is your current zip code? | _____ |
| 127) What city do you live in now? | _____ |

We know that answering questions about your life, health, and immigration issues can sometimes be uncomfortable. As a reminder, the information that we gather in this interview will be kept confidential and in a safe place, and your name will never be revealed as a participant.

Your answers are important because they will allow us to create projects to help Latinos in this community to overcome the barriers they face to access health services.

| The following questions have to do with your current immigration status, which affects eligibility for some services. | No | Yes |
|---|-----------------------------|-----------------------------|
| 128A) Do you currently have a “green card”? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |
| 128B) Do you currently have a valid student visa, valid tourist visa, work permit, or other legal immigration status such as deferred action? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |
| 128C) Do you have or have you obtained citizenship in the US? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |

COMMUNITY ATTACHMENT

| | Not at all | Very little | A little | Somewhat | Moderately | To a great extent |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 129A) Please indicate how much you feel a part of or connected to the gay community. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| 129B) Please indicate how much you feel a part of or connected to the Latino community. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| 129C) Please indicate how much you feel a part of or connected to the Latino gay community. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |

| | | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 129D) Please indicate how much you feel a part of or connected to the transgender community. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| 129E) Please indicate how much you feel a part of or connected to the Latino transgender community. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |

| The following questions have to do with the possible effects of your documentation status on your life in the US. | No | Yes |
|--|-----------------------------|-----------------------------|
| 130A) Do you think that your documentation status has limited contact between your family, friends and you? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |
| 130B) Have you ever been questioned about your documentation status? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |
| 130C) Do you think you will be deported or questioned about your documentation status if you go to a social agency or health department? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |
| 130D) Do you think you will be deported or questioned about your documentation status if you go to a clinic for HIV and STDs testing services? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |
| 130E) Do you think your documentation status has limited your ability to seek HIV and other STDs testing services? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |
| 130F) Do you avoid the police or other officials because of your documentation status? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |
| 130G) Do you find it difficult to find legal services? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 |

SOCIAL SUPPORT

| I am going to read a series of tasks and behaviors. Tell me if you know persons in NC or outside NC, with whom you are maintaining some form of regular contact, who would perform each helpful behavior. | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | No one would do this | Someone would do this | A few would do this | Several would do this | Many would do this |
| 131A) Comfort you whenever you feel homesick. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131B) Listen and talk with you whenever you feel lonely or depressed. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131C) Share your good and bad times. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131D) Spend some quiet time with you whenever you do not feel like going out. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131E) Spend time chatting with you whenever you are bored. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131F) Accompany you to do things whenever you need someone for company. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131G) Visit you to see how you are doing. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131H) Accompany you somewhere even if he or she doesn't have to. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |

| | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 131I) Reassure you that you are loved, supported, and cared for. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131J) Provide necessary information to help orient you to your new surroundings. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131K) Help you deal with some local institutions' official rules and regulations. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131L) Show you how to do something that you didn't know how to do. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131M) Explain things to make your situation clearer and easier to understand. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131N) Tell you what can and cannot be done in North Carolina. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131O) Help you interpret things that you don't really understand. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131P) Give you some tangible assistance in dealing with any communication or language problems that you might face. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131Q) Explain and help you understand the local culture and language. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| 131R) Tell you about available choices and options. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |

132) Thank you for participating in this assessment. Is there anything else that you would like to share with us?

INTERVIEWER NOTES

133) Please document any observations or thoughts you have about this interview, the participant, etc. *[Skip to 135A]*

134) *[If the participant was found ineligible as determined from items 1-7 the interviewer should say the following:]* Thank you for your help. I really appreciate your interesting in this study but the information that you have shared with us indicates that you are not eligible. *[The interviewer should politely terminate the interview.]*

NOTE TO STAFF: Please detach these pages from the rest of the assessment and store in a separate lock box when completed.

Participant ID: _____

CONTACT INFORMATION

Because we need to get in touch with you in the future for follow-up questions, we want to collect some information that will help us get in touch with you.

| | |
|---|--|
| What is your current address? 135A) Street address: 135B) City, State: 135C) Zip code: | |
| 135D) What is your current personal cell phone number? | |
| Is there another way to get in touch with you - maybe another telephone number and an e-mail address? | 135E) Telephone number: 135F) E-mail address: |
| 135G) What about your Facebook name; what is it? | |

Because you may forget to let us know that you have moved or that your telephone number has changed, we would like to get some supplemental ways to get in touch with you. We won't tell them anything about you or the information you have provide to me, we just want to be able to find you.

| | |
|---|--|
| Who else would know how to find you? 136A) Name: 136B) Relationship to you: 136C) Street address: 136D) City, State: 136E) Zip code: 136F) Telephone numbers: | |
|---|--|

| | |
|---|--|
| <p>Can you give me 2 more people who would know how to find you if we had trouble finding you?</p> <p>137A) Name:</p> <p>137B) Relationship to you:</p> <p>137C) Street address:</p> <p>137D) City, State:</p> <p>137E) Zip code:</p> <p>137F) Telephone numbers:</p> | |
| <p>138A) Name:</p> <p>138B) Relationship to you:</p> <p>138C) Street address:</p> <p>138D) City, State:</p> <p>138E) Zip code:</p> <p>138F) Telephone numbers:</p> | |
| <p>I am also giving you a card for you to leave in your wallet that has the telephone number, mailing address, and e-mail address to get in touch with me in case your cell phone changes or address changes.</p> | |

NOTE TO STAFF: Please provide a Stay-in-Touch card to the participant.