

**mChoice: Improving PrEP Uptake and Adherence among Minority MSM through
Provider Training and Adherence Assistance in Two High Priority Settings**

**Attachment 4c
Patient Baseline Assessment English**

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mChoice Baseline Assessment

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Welcome to mChoice!

Thank you for your participation in this important project. ***This survey will take approximately 30 minutes to complete.***

In this survey, we will ask some questions to try to learn about you and your health. This survey also includes some questions around sensitive topics. **All the information you enter in this survey is kept completely confidential.** Your answers are private--the information you provide us will be kept secure and known only to study staff. The survey includes some personal questions about your sexual behavior, health, substance use, and other areas some people may consider sensitive. We take your privacy very seriously and will keep all responses confidential, so please be as honest as you can.

You can skip questions if you need to, but we encourage you to answer every question. All of this information will help this study learn more about PrEP, HIV prevention, and other important topics.

Time-based Recall Questions

Many questions ask you to think back over the past week, weeks, month, or even several months. Please read each question to see if it is asking you to think back over a certain period and note that the period will switch between some questions.

As a reminder, today's date is [current date]

A Note about Language

We want to acknowledge that some of the language used in our study questions may include some outdated language or lack the diversity of experiences that we now understand exist. Although we do our best to use measures that reflect emerging language, at times the items available in research are not where they need to be and are drawn from items developed years ago. Wherever possible, we have updated the language or are working with developers to get new versions. Please remember that you can always decline to answer items that do not reflect you.

If you have any questions or comments, let your study staff know.

Please click the button below to get started with the survey.

A. DEMOGRAPHICS

A1. What is your date of birth (mm/dd/yyyy)? _____

B. SOCIOECONOMIC AND RISK CORRELATES

B1. Have you ever been homeless? By homeless, I mean you were living on the street, in a shelter, in a Single Room Occupancy hotel (SRO), or in a car.

[Yes = B2, otherwise B4]

- No
- Yes
- Don't know

B2. In the past 12 months, have you been homeless at any time?

[Yes = B3, otherwise B4]

- No
- Yes
- Don't know

B3. Are you currently homeless?

- No
- Yes
- Don't know

B4. What zip code do you live in? _____

- Don't know

B5. Were you born in the United States?

- No
- Yes
- Don't know

B6. Do you speak a language other than English at home?

- No
- Yes
- Don't know

B7. What is your current marital status?

- Married
- Living together as married
- Separated
- Divorced
- Widowed
- Never married
- Don't know

B8. Are you currently in school?

- No
- Yes, full-time
- Yes, part-time
- Enrolled in a program but on a temporary leave of absence
- Decline to answer

B9. What is the highest level of education you have completed?

- Never attended school
- Grades 1 through 8
- Grades 9 through 11
- Grade 12 or GED
- Some college, Associate's Degree, or Technical Degree

- Bachelor's Degree
- Any post graduate studies
- Don't know

B10. What best describes your employment status? Are you:

- Employed full-time
- Employed part-time
- A homemaker
- A full-time student
- Retired
- Unable to work for health reasons
- Unemployed
- Other
- Don't know

B11. What was your household income in [YEAR BEFORE INTERVIEW] from all sources before taxes? By "household income," we mean the total amount of money earned and shared by all people living in your household. It's OK if you don't know the exact amount; make your best guess.

- 0 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$12,499
- \$12,500 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more
- Don't Know

B12. Including yourself, how many people depended on this income? _____

B13. In the past 12 months, was there a time where there wasn't enough money in your house for rent, food, phone, or utilities such as gas or electric?

- No
- Yes
- Don't know

B14. In the past 3 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No
- Don't know
- Prefer not to answer

B15. What is your primary means of transportation?

- Personal automobile or motorcycle
- Friend, relative, or neighbor
- Public transportation (bus, metro, train)
- Bicycle
- Walking
- Lyft, Uber, or other ride share service
- Something else
- Don't know

B16. Have you ever been arrested?

[Yes = B17, otherwise next Section C]

- No
- Yes
- Don't know

B17. Have you ever been put in jail, prison, or juvenile detention (juvy)?

- No
- Yes
- Don't know

C. HEALTHCARE ACCESS, COMMUNICATION, AND STI TESTING/DIAGNOSIS

C1. Do you currently have health insurance or health care coverage? This includes private health insurance (for example: Blue Cross Blue Shield or parent's private insurance) and public health care insurance or coverage (for example: Medicaid or Medicare).

[Yes = C2, otherwise C3]

- Yes, I have my own

- Yes, I am covered by my parent/guardian
- Yes, I am covered by my spouse/partner.
- No
- Don't Know

C2. What kind of health insurance or coverage do you currently have? Select all that apply.

- A private health plan - through an employer or purchased directly
- Medicaid - for some people with low incomes
- Medicare - for the elderly and people with disabilities
- Some other government plan
- TRICARE / CHAMPUS
- Veterans Administration coverage
- Some other health insurance
- Don't know

C3. About how long has it been since you last saw a doctor, nurse, or other health care provider about your own health? Would you say it was . . .

- Within the past year
- More than 1 year ago but less than 2 years ago
- 2 to 5 years ago
- More than 5 years ago
- Don't know

C4. How sure are you that you could communicate about the following (if necessary) with healthcare providers:

	Not at all sure	Somewhat sure	Moderately sure	Very sure	Totally sure
Ask your healthcare provider things about an illness you have/had that concerns you?				<input type="radio"/>	<input type="radio"/>
Discuss openly with your healthcare provider any problems that may be related to your medications?				<input type="radio"/>	<input type="radio"/>
Work out differences with your healthcare provider when they arise?				<input type="radio"/>	<input type="radio"/>
Ask your healthcare provider things about your health (like tests or treatments) that concern you?				<input type="radio"/>	<input type="radio"/>
Discuss openly with your healthcare provider your past or current drug and/or alcohol use?				<input type="radio"/>	<input type="radio"/>
Discuss openly with your healthcare provider your sexual activity?				<input type="radio"/>	<input type="radio"/>

The following questions ask about testing for sexually transmitted infections or STIs such as genital herpes, gonorrhea, chlamydia, syphilis, and genital or anal warts.

C5. Have you **ever** been tested for an STI that was not HIV?

[Yes = C6, otherwise C9]

- No
- Yes
- Don't know

C6. When were you last tested for any STIs?

- Within the past 3 months
- 3 to 6 months ago
- >6 months but less than a year ago
- Longer than 1 year ago

C7. **In your lifetime** has your doctor or a health care professional told you that you had any of the following STIs? (Check all that apply. If none apply, please check "None of these")

- Genital Herpes
- Gonorrhea
- Chlamydia
- Syphilis

- Genital or Anal Warts
- Another STI, specify: _____
- None of these
- Don't know

C8. **In the past 3 months** has your doctor or health care professional told you that you had any of the following STIs? (Check all that apply. If none, please check "None of these".)

- Genital Herpes
- Gonorrhea
- Chlamydia
- Syphilis
- Genital or Anal Warts
- Another STI, specify: _____
- I can't remember
- None of these
- I did not see a health care professional in the past 3 months
- Don't know

C9. How likely are you to get tested for STIs **in the next 3 months**?

- Very Unlikely
- Somewhat Unlikely
- Somewhat Likely
- Very Likely
- Don't know

D. HIV

In this next part of the survey, we will ask you some questions about your experiences with and thoughts about HIV. Once again, we remind you that all questions will be kept completely confidential.

D1. Have you ever had an HIV test?

[Yes = D2 otherwise D3]

- No
- Yes
- Don't know

D2. When did you have your most recent HIV test? Please enter the month and year. It is OK if you don't know the exact date. Please make your best guess.

- [Month]
- [Year]
- Don't know

D3. Overall, how concerned are you about getting HIV?
 Not at all concerned Extremely concerned
 0 -----10

D4. Please consider the following statements and select how much you agree or disagree with them

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Most people in my community would discriminate against someone with HIV	1	2	3	4	5
Most people in my community would support the rights of a person with HIV to live and work wherever they wanted to	1	2	3	4	5
Most people in my community would not be friends with someone with HIV	1	2	3	4	5
Most people in my community think that people who got HIV through sex or drug use have gotten what they deserve	1	2	3	4	5

E. PrEP Routing

HIV pre-exposure prophylaxis, or PrEP, is a medication that can be used to reduce the risk of HIV infection. PrEP is prescribed by a doctor/health care provider.

E1. Are you currently using PrEP?

[Yes = skip to Section F]

- Yes
- No

E2. Have you previously used PrEP

[No = skip to E4]

- Yes
- No

E3. Are you planning on restarting PrEP soon (by soon, we mean in the next 1-2 weeks)?

[Yes = skip to Section H; Otherwise skip to Section I]

- Yes
- No
- Not sure




E4. Are you planning on starting PrEP soon (by soon, we mean in the next 1-2 weeks)?

[Yes = skip to section G; Otherwise skip to Section J]

- Yes
- No
- Not sure

F. Current PrEP Use

F1. What kinds of PrEP have you heard about? (Choose all that apply)




	Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
	Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
	Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

F2. Where did you get information about PrEP in the last 6 months? (Choose all that apply).




- Doctor, nurse practitioner, or other health care provider
- Friend or relative
- School
- A person you have sex with
- A person you use drugs with
- HIV counselor
- TV
- News
- Social media (Please specify):
- Other (Please specify):
- I have not received information about PrEP in the last 6 months
- Don't know

F3. Please choose all the kinds of PrEP that you have discussed with a doctor/health care provider:

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

F4. What kind of PrEP are you currently using?

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

F5. When did you start this medication: [pull answer from F4]? It's OK if you don't know the exact date. Please provide your best guess.

- [Month]
- [Year]
- Don't know

F6a. Why do you currently use PrEP? (Choose all that apply)

- I'm having sex with or thinking about having sex with someone who is living with HIV
- I'm having sex with or thinking about having sex with someone whose HIV status I don't know
- I want to be in control of my sexual health
- I want to reduce my anxiety around sex
- I want to increase my sexual satisfaction and intimacy
- I want to be safe and healthy
- I want to have a better future
- I am having sex with multiple partners
- I don't always use condoms (or don't like using them)
- My partner(s) won't use condoms
- I had a previous HIV scare
- My health care provider recommended it
- I was recently diagnosed with a sexually transmitting infection (STI)
- Many people in my community take PrEP
- Other, please specify:

[Selected multiple options=F6b, otherwise F7]

F6b. Please rank the reasons why you are currently using PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.




- [Answers from F6a] rank order list

F7. Have you ever used any other kind of PrEP, a kind of PrEP other than what you are currently using?

[Yes=F8, otherwise F24]

- No
- Yes
- Don't know

F8. What other kind(s) of PrEP have you used? Please rank them in order of use (1=first type of PrEP used, 2 = 2nd type of PrEP used, etc.).

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

[Questions F9- F17 pertain to the first PrEP method selected in F8]

F9. When did you start this medication: [pull answer #1 from F8]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

F10. When did you stop this medication: [pull answer #1 from F8]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

F11. Why did you switch to a different kind of PrEP from [pull answer #1 from F8]? (Choose all that apply)

- Recommended by doctor/health care provider
- Recommended by a friend, partner, or family member
- Cost
- Side effects
- Insurance issues
- Easier to use
- Safer to use
- More effective at preventing HIV infection

- o Required fewer visits/labs/pharmacy visits
- o Dosing schedule was easier to remember
- o People were less likely to find out I was taking PrEP
- o Other, specify: _____
- o Don't know

F12. Please rank the reasons why you switched PrEP at that time in order of importance, with 1 being the most important reason you switched, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from F11] rank order list

[If >1 PrEP method selected in F8 = F18; Otherwise skip to F24].

F18. When did you start this medication: [pull answer #2 from F8]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

F19. When did you stop this medication: [pull answer #2 from F8]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

F22. Why did you switch to a different kind of PrEP from [answer #2 from F9]? (Check all that apply)

- o Recommended by doctor/health care provider
- o Recommended by a friend, partner, or family member
- o Cost
- o Side effects
- o Insurance issues
- o Easier to use
- o Safer to use
- o More effective at preventing HIV infection
- o Required fewer visits/labs/pharmacy visits
- o Dosing schedule was easier to remember
- o People were less likely to find out I was taking PrEP
- o Other, specify: _____
- o Don't know

[Selected multiple options=F23, otherwise F24]

F23. Please rank the reasons why you switched to a different type of PrEP in order of importance, with 1 being the most important reason you switched, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from F22] rank order list
[Skip to F24]

F24. How satisfied are you with the kind of PrEP you are currently using?

- o Very satisfied
- o Moderately satisfied
- o Neither satisfied nor dissatisfied
- o Moderately dissatisfied
- o Very dissatisfied

F25. What do you think about how effective PrEP is at preventing someone from getting HIV, when it is taken the way it is prescribed?

- o Very/completely effective
- o Somewhat effective
- o Minimally effective
- o Not at all effective
- o Don't know

F26. What do you think about whether PrEP helps prevent other kinds of sexually transmitted infections (STIs), like gonorrhea or chlamydia?

- o HIV PrEP has no effect on other STIs
- o HIV PrEP helps to prevent other STIs
- o Don't know

F27. To what extent do you think taking PrEP affects your likelihood to use condoms?

- o Significantly less likely
- o Somewhat less likely
- o Will not change
- o Somewhat more likely
- o Significantly more likely
- o Don't know

F28. Who knows that you use PrEP? (Check all that apply)

- o Family member(s)
- o Friend(s)
- o Romantic partner(s)
- o Sex partner(s)
- o Health care provider (other than your PrEP provider)
- o Other(s), please specify
- o No one

- o Don't know

Now we want to ask you a few questions about your experiences and feelings related to using PrEP.

F29. Please select how much you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I have been rejected romantically for taking PrEP					
I have been judged by a health care provider because of taking PrEP					
I have been blamed by people in my community for spreading HIV through PrEP use					
I have been slut-shamed for taking PrEP (or told that I am a "Truvada or Descovy slut/whore")					
I have been unfairly discriminated against for taking PrEP					
I have been yelled at or scolded because of taking PrEP					
I have experienced physical violence because of taking PrEP					

F30. Please select how much you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I worry people will assume I sleep around if they know I take PrEP					
I worry people will assume that I am HIV+ if they know I take PrEP					
I worry people will think my partner(s) are HIV+ if they know I take PrEP					
I worry about listing PrEP as one of my current medications during doctor appointments					
I feel ashamed to tell other people I am taking PrEP					
I worry people will think I am a bad person if they know I take PrEP					

I worry people will think I am gay if they know I take PrEP					
I worry my friends will find out that I take PrEP					
I worry my family will find out that I take PrEP					
I worry my sex partners will find out that I take PrEP					
I think people will give me a hard time if I tell them I take PrEP					
I think people will judge me if they know I am taking PrEP					

[Skip to Section K]




G. New PrEP Prescription

G1. Before today, had you ever heard about PrEP to reduce the risk of getting HIV infection?

[YES = G2, otherwise G4]

- No
- Yes
- Don't know

G2. What kinds of PrEP have you heard about? (Choose all that apply)




Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- I have not heard about any of these PrEP options
- Don't know

G3. Where did you get information about PrEP in the last 6 months? (Choose all that apply).




- Doctor, nurse practitioner, or other health care provider
- Friend or relative
- School
- A person you have sex with
- A person you use drugs with
- HIV counselor
- TV
- News
- Social media (Please specify):
- Other (Please specify):
- I have not received information about PrEP in the last 6 months
- Don't know

G4. Please choose all the kinds of PrEP that you have discussed with a doctor/health care provider:

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

G5. What kind of PrEP are you planning to start?

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

G6. When are you planning on starting PrEP. It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

G7. Why have you decided to start PrEP? (Choose all that apply)

- I'm having sex with or thinking about having sex with someone who is living with HIV
- I'm having sex with or thinking about having sex with someone whose HIV status I don't know
- I want to be in control of my sexual health
- I want to reduce my anxiety around sex
- I want to increase my sexual satisfaction and intimacy
- I want to be safe and healthy
- I want to have a better future
- I am having sex with multiple partners
- I don't always use condoms (or don't like them)
- My partner won't use condoms
- I had a previous HIV scare
- My health care provider recommended it
- I was recently diagnosed with a sexually transmitting infection (STI)
- Many people in my community take PrEP
- Other, please specify:

[Selected multiple options=G8, otherwise G9]

G8. Please rank the reasons why you are starting PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from G7] rank order list

G9. What do you think about how effective PrEP is at preventing someone from getting HIV, when it is taken the way it is prescribed?

- o Very/completely effective
- o Somewhat effective
- o Minimally effective
- o Not at all effective
- o Don't know

G10. What do you think about whether PrEP helps prevent other kinds of sexually transmitted infections (STIs), like gonorrhea or chlamydia?

- o HIV PrEP has no effect on other STIs
- o HIV PrEP helps to prevent other STIs
- o Don't know

G11. To what extent do you think taking PrEP will affect your likelihood to use condoms?

- o Significantly less likely
- o Somewhat less likely
- o Will not change
- o Somewhat more likely
- o Significantly more likely
- o Don't know

G12. Who knows that you are planning to start PrEP? (Check all that apply)

- o Family member(s)
- o Friend(s)
- o Romantic partner(s)
- o Sex partner(s)
- o Health care provider (other than your PrEP provider)
- o Other(s), please specify
- o No one
- o Don't know

Now we want to ask you a few questions about your feelings related to starting PrEP.

G13. Please select how much you agree with the following statements:


	Strongly	Agre	Neither Agree	Disagree	Strongly
--	----------	------	---------------	----------	----------



	Agree	e	nor Disagree		Disagree
I worry people will assume I sleep around if they know I take PrEP					
I worry people will assume that I am HIV+ if they know I take PrEP					
I worry people will think my partner(s) are HIV+ if they know I take PrEP					
I worry about listing PrEP as one of my current medications during doctor appointments					
I feel ashamed to tell other people I am taking PrEP					
I worry people will think I am a bad person if they know I take PrEP					
I worry people will think I am gay if they know I take PrEP					
I worry my friends will find out that I take PrEP					
I worry my family will find out that I take PrEP					
I worry my sex partners will find out that I take PrEP					
I think people will give me a hard time if I tell them I take PrEP					
I think people will judge me if they know I am taking PrEP					

[Skip to Section K]

H. PrEP Restart

H1. What kinds of PrEP have you heard about? (Choose all that apply)

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
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Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	


- Other (please specify): _____
- Don't know

H2. Where did you get information about PrEP in the last 6 months? (Choose all that apply).

- Doctor, nurse practitioner, or other health care provider
- Friend or relative
- School
- A person you have sex with
- A person you use drugs with
- HIV counselor
- TV
- News
- Social media (Please specify):
- Other (Please specify):
- I have not received information about PrEP in the last 6 months
- Don't know




H3. Please choose all the kinds of PrEP that you have discussed with a doctor/health care provider:

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	

	Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	
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- o Other (please specify): _____
- o Don't know

H4. What kinds of PrEP have you ever used? Please rank them in order of use (1=first type of PrEP used, 2 = 2nd type of PrEP used, etc.).

	Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
	Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
	Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- o Other (please specify): _____
- o Don't know

H5. When did you start this medication: [pull answer #1 from H1]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

H6. When did you stop this medication: [pull answer #1 from H1]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

H7. Why did you stop taking this medication, [pull answer #1 from H1]? (Choose all that apply)

- I couldn't afford it anymore
- I didn't think that I was at risk for HIV anymore
- My insurance would not cover it, or I lost my insurance
- I didn't want to keep taking a pill every day
- My parent(s) or guardian(s) found out and made me stop
- I kept forgetting to take my pill
- I had trouble getting to follow-up appointments
- I had issues getting PrEP or with the pharmacy
- I was having side effects
- People reacted negatively when they found out I was taking PrEP
- I was worried about the long term effects of PrEP on my health
- I had a medical problem that made it unsafe to continue taking PrEP
- I started using condoms all of the time
- I couldn't take the medication (tasted bad, pill was too big)
- Other, please specify: _____
- Don't know

H8. Please rank the reasons why you stopped PrEP at that time in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from H7] rank order list

[If multiple options selected in H4 = Repeat question series H5-H8 for all selections; otherwise H9]

H9. Did you talk with your doctor/health care provider before stopping PrEP?

- No
- Yes
- Don't know




H10. Please choose the statements that describe your sexual behavior after you stopped taking PrEP. (Choose all that apply)

- I did not have any sexual contact after I stopped taking PrEP [Skip to H10]
- I had oral sex after I stopped taking PrEP
- I had anal sex after I stopped taking PrEP
- I had vaginal sex when I stopped taking PrEP (put your penis in a vagina or neovagina)
- Don't know

H11. Please choose the statements that describe your use of condoms after you stopped taking PrEP. (Choose all that apply)

- I used a condom with every sexual contact after I stopped taking PrEP
- I used a condom for most sexual contacts after I stopped taking PrEP
- I used a condom for some sexual contacts after I stopped taking PrEP
- I did not use condoms after I stopped taking PrEP
- Don't know

H12. What kind of PrEP are you planning to start?

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

H13. When are you planning on restarting PrEP. It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

H14. Why have you decided to restart PrEP? (Choose all that apply)

- I'm having sex with or thinking about having sex with someone who is living with HIV

- I'm having sex with or thinking about having sex with someone whose HIV status I don't know
- I want to be in control of my sexual health
- I want to reduce my anxiety around sex
- I want to increase my sexual satisfaction and intimacy
- I want to be safe and healthy
- I want to have a better future
- I am having sex with multiple partners
- I don't always use condoms (or don't like them)
- My partner won't use condoms
- I had a previous HIV scare
- My health care provider recommended it
- I was recently diagnosed with a sexually transmitting infection (STI)
- Many people in my community take PrEP
- Other, please specify:

[Selected multiple options=H15, otherwise H16]

H15. Please rank the reasons why you are restarting PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from H14] rank order list

H16. Who knows that you are planning to restart PrEP? (Check all that apply)

- Family member(s)
- Friend(s)
- Romantic partner(s)
- Sex partner(s)
- Health care provider (other than your PrEP provider)
- Other(s), please specify
- No one
- Don't know

H17. What do you think about how effective PrEP is at preventing someone from getting HIV, when it is taken the way it is prescribed?

- Very/completely effective
- Somewhat effective
- Minimally effective
- Not at all effective
- Don't know

H18. What do you think about whether PrEP helps prevent other kinds of sexually transmitted infections (STIs), like gonorrhea or chlamydia?

- o HIV PrEP has no effect on other STIs
- o HIV PrEP helps to prevent other STIs
- o Don't know

H19. To what extent do you think restarting PrEP will affect your likelihood to use condoms?

- o Significantly less likely
- o Somewhat less likely
- o Will not change
- o Somewhat more likely
- o Significantly more likely
- o Don't know

Now we want to ask you a few questions about your feelings related to previously taking PrEP.

H20. Please select how much you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I have been rejected romantically for taking PrEP					
I have been judged by a health care provider because of taking PrEP					
I have been blamed by people in my community for spreading HIV through PrEP use					
I have been slut-shamed for taking PrEP (or told that I am a "Truvada or Descovy slut/whore")					
I have been unfairly discriminated against for taking PrEP					
I have been yelled at or scolded because of taking PrEP					
I have experienced physical violence because of taking PrEP					

Now we want to ask you a few questions about your feelings related to restarting PrEP.



H21. Please select how much you agree with the following statements:


	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I worry people will assume I sleep around if they know I take PrEP					

I worry people will assume that I am HIV+ if they know I take PrEP					
I worry people will think my partner(s) are HIV+ if they know I take PrEP					
I worry about listing PrEP as one of my current medications during doctor appointments					
I feel ashamed to tell other people I am taking PrEP					
I worry people will think I am a bad person if they know I take PrEP					
I worry people will think I am gay if they know I take PrEP					
I worry my friends will find out that I take PrEP					
I worry my family will find out that I take PrEP					
I worry my sex partners will find out that I take PrEP					
I think people will give me a hard time if I tell them I take PrEP					
I think people will judge me if they know I am taking PrEP					

I. Previous PrEP users: not restarting/unsure

I1. What kinds of PrEP have you heard about? (Choose all that apply)

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	




Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	
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- Other (please specify): _____
- Don't know

12. Where did you get information about PrEP in the last 6 months? (Choose all that apply).




- Doctor, nurse practitioner, or other health care provider
- Friend or relative
- School
- A person you have sex with
- A person you use drugs with
- HIV counselor
- TV
- News
- Social media (Please specify):
- Other (Please specify):
- I have not received information about PrEP in the last 6 months
- Don't know

13. Please choose all the kinds of PrEP that you have discussed with a doctor/health care provider:

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

14. What kinds of PrEP have you ever used? Please rank them in order of use (1=first type of PrEP used, 2 = 2nd type of PrEP used, etc.).

	Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
	Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
	Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

15. When did you start this medication: [pull answer #1 from H1]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

16. When did you stop this medication: [pull answer #1 from H1]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

17. Why did you stop taking this medication, [pull answer #1 from H1]? (Choose all that apply)

- I couldn't afford it anymore
- I didn't think that I was at risk for HIV anymore
- My insurance would not cover it, or I lost my insurance
- I didn't want to keep taking a pill every day
- My parent(s) or guardian(s) found out and made me stop
- I kept forgetting to take my pill
- I had trouble getting to follow-up appointments

- I had issues getting PrEP or with the pharmacy
- I was having side effects
- People reacted negatively when they found out I was taking PrEP
- I was worried about the long term effects of PrEP on my health
- I had a medical problem that made it unsafe to continue taking PrEP
- I started using condoms all of the time
- I couldn't take the medication (tasted bad, pill was too big)
- Other, please specify: _____
- Don't know

18. Please rank the reasons why you stopped PrEP at that time in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from I7] rank order list

[If multiple options selected in I4 = Repeat question series I5-I8 for all selections; otherwise I9]

19. Did you talk with your doctor/health care provider before stopping PrEP?

- No
- Yes
- Don't know

110. Please choose the statements that describe your sexual behavior after you stopped taking PrEP. (Choose all that apply)




- I did not have any sexual contact after I stopped taking PrEP [Skip to I10]
- I had oral sex after I stopped taking PrEP
- I had anal sex after I stopped taking PrEP
- I had vaginal sex when I stopped taking PrEP (put your penis in a vagina)
- Don't know

111. Please choose the statements that describe your use of condoms after you stopped taking PrEP. (Choose all that apply)

- I used a condom with every sexual contact after I stopped taking PrEP
- I used a condom for most sexual contacts after I stopped taking PrEP
- I used a condom for some sexual contacts after I stopped taking PrEP
- I did not use condoms after I stopped taking PrEP
- Don't know

[If E3=No, skip to I19]

112. What kind of PrEP are considering starting? [one response]

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

113. When are you planning on possibly restarting PrEP. It's OK if you don't know the exact date. Please provide your best guess.

- [Month]
- [Year]
- Don't know

114. Why are you considering restarting PrEP? (Choose all that apply)

- I'm having sex with or thinking about having sex with someone who is living with HIV
- I'm having sex with or thinking about having sex with someone whose HIV status I don't know
- I want to be in control of my sexual health
- I want to reduce my anxiety around sex
- I want to increase my sexual satisfaction and intimacy
- I want to be safe and healthy
- I want to have a better future
- I am having sex with multiple partners
- I don't always use condoms (or don't like them)
- My partner won't use condoms
- I had a previous HIV scare
- My health care provider recommended it
- I was recently diagnosed with a sexually transmitting infection (STI)
- Many people in my community take PrEP
- Other, please specify:

[Selected multiple options=I15, otherwise I16]

I15. Please rank the reasons why you are considering restarting PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from I14] rank order list

I16. Who knows that you are considering restarting PrEP? (Check all that apply)

- o Family member(s)
- o Friend(s)
- o Romantic partner(s)
- o Sex partner(s)
- o Health care provider (other than your PrEP provider)
- o Other(s), please specify
- o No one
- o Don't know

I17. Why are you unsure about whether you want to restart PrEP? Select all that apply.

- o I'm concerned about potential side effects
- o I don't know if I want to use this type of PrEP [pipe in type from I12]
- o I'm not at risk for HIV
- o My insurance might not cover it or I lost my insurance
- o I don't want my parent(s) or guardian(s) to find out I'm taking PrEP
- o It will be hard to get to follow-up appointments
- o People might react negatively if they find out I'm taking PrEP
- o I'm using condoms all the time
- o Other, please specify: _____
- o Don't know

I18. Please rank the reasons why you are unsure about restarting PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from I17] rank order list

[Only if E3=No; otherwise skip to I21]

I19. What are the reasons why you are not planning to restart PrEP at this time. Select all that apply.

- o I can't afford it right now
- o I'm not at risk for HIV
- o My insurance will not cover it, or I don't have insurance
- o I don't want to take a pill every day
- o My parent(s) or guardian(s) will find out

- I will forget to take my pill
- I will have trouble getting to follow-up appointments
- I will have issues getting PrEP or with the pharmacy
- I am concerned about side effects
- People will react negatively if they find out I'm taking PrEP
- I am worried about the long term effects of PrEP on my health
- I have a medical problem that makes it unsafe to take PrEP
- I use condoms all of the time
- Other, please specify: _____
- Don't know

I20. Please rank the reasons why you do not plan to restart PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from I19] rank order list

I21. What would motivate you to restart PrEP? Select all that apply.

- Having sex with someone who is living with HIV
- Having sex with someone whose HIV status is unknown
- Having sex with multiple partners
- Not using condoms regularly or partner(s) do/does not want to use condoms
- Receiving more information on the safety of [pipe in PrEP modality from I12]
- Receiving more information on the effectiveness of [pipe in PrEP modality from I12]
- More people in your community start using PrEP
- It was easier to attend follow-up visits
- Fewer follow-up appointments/labs needed
- Having better health insurance
- Support from family and/or friends
- Support from medical providers
- Support from my partner(s)
- Other, specify: _____
- Don't know

I22. Please rank the reasons what would motivate you to restart PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from I21] rank order list

Now we want to ask you a few questions about your feelings related to previously taking PrEP.

I22. Please select how much you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
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I have been rejected romantically for taking PrEP					
I have been judged by a health care provider because of taking PrEP					
I have been blamed by people in my community for spreading HIV through PrEP use					
I have been slut-shamed for taking PrEP (or told that I am a "Truvada or Descovy slut/whore")					
I have been unfairly discriminated against for taking PrEP					
I have been yelled at or scolded because of taking PrEP					
I have experienced physical violence because of taking PrEP					

Now we want to ask you a few questions about your feelings related to possibly restarting PrEP.

123. Please select how much you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I worry people will assume I sleep around if they know I take PrEP					
I worry people will assume that I am HIV+ if they know I take PrEP					
I worry people will think my partner(s) are HIV+ if they know I take PrEP					
I worry about listing PrEP as one of my current medications during doctor appointments					
I feel ashamed to tell other people I am taking PrEP					
I worry people will think I am a bad person if they know I take PrEP					
I worry people will think I am gay if they know I take PrEP					
I worry my friends will find out that I take PrEP					
I worry my family will find out that I					

take PrEP					
I worry my sex partners will find out that I take PrEP					
I think people will give me a hard time if I tell them I take PrEP					
I think people will judge me if they know I am taking PrEP					

I24. What do you think about how effective PrEP is at preventing someone from getting HIV, when it is taken the way it is prescribed?

- Very/completely effective
- Somewhat effective
- Minimally effective
- Not at all effective
- Don't know

I25. What do you think about whether PrEP helps prevent other kinds of sexually transmitted infections (STIs), like herpes?

- HIV PrEP has no effect on other STIs
- HIV PrEP helps to prevent other STIs
- Don't know

I26. To what extent do you think restarting PrEP would affect your likelihood to use condoms?

- Significantly less likely
- Somewhat less likely
- Will not change
- Somewhat more likely
- Significantly more likely
- Don't know




J. Never used PrEP: not starting/unsure

J1. Before today, had you ever heard about PrEP to reduce the risk of getting HIV infection?

[YES = J2, otherwise J4]

- No
- Yes
- Don't know

J2. What kinds of PrEP have you heard about? (Choose all that apply)


Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	



- Other (please specify): _____
- Don't know

J3. Where did you get information about PrEP in the last 6 months? (Choose all that apply).

- Doctor, nurse practitioner, or other health care provider
- Friend or relative
- School
- A person you have sex with
- A person you use drugs with
- HIV counselor
- TV
- News
- Social media (Please specify):
- Other (Please specify):
- I have not received information about PrEP in the last 6 months
- Don't know

J4. Please choose all the kinds of PrEP that you have discussed with a doctor/health care provider:

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
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Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

[Year]
Don't know

[If E4=No, skip to J12]

J5. What kind of PrEP are considering starting?

Daily oral PrEP	A pill taken daily	Truvada®, Descovy®, emtricitabine/tenofovir disoproxil fumarate, emtricitabine/tenofovir alafenamide	
Intermittent oral PrEP	A pill taken before and after sex. Also called PrEP 2-1-1, on-demand, intermittent, or event-driven PrEP	Truvada®, emtricitabine/tenofovir disoproxil fumarate	
Injectable PrEP	A shot, an injection given by a doctor/health care provider	Apretude®, cabotegravir	

- Other (please specify): _____
- Don't know

J6. When are you planning on possibly starting PrEP. It's OK if you don't know the exact date. Please provide your best guess.

[Month]
[Year]
Don't know

J7. Why are you considering starting PrEP? (Choose all that apply)

- I'm having sex with or thinking about having sex with someone who is living with HIV
- I'm having sex with or thinking about having sex with someone whose HIV status I don't know
- I want to be in control of my sexual health
- I want to reduce my anxiety around sex
- I want to increase my sexual satisfaction and intimacy
- I want to be safe and healthy
- I want to have a better future
- I am having sex with multiple partners
- I don't always use condoms (or don't like them)
- My partner won't use condoms
- I had a previous HIV scare
- My health care provider recommended it
- I was recently diagnosed with a sexually transmitting infection (STI)
- Many people in my community take PrEP
- Other, please specify:

[Selected multiple options=J8, otherwise J9]

J8. Please rank the reasons why you are considering starting PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from J7] rank order list

J9. Who knows that you are considering starting PrEP? (Check all that apply)

- Family member(s)
- Friend(s)
- Romantic partner(s)
- Sex partner(s)
- Health care provider (other than your PrEP provider)
- Other(s), please specify
- No one
- Don't know

J10. Why are you unsure about whether you want to start PrEP? Select all that apply.

- I'm concerned about potential side effects
- I don't know if I want to use this type of PrEP [pipe in type from J4]
- I'm not at risk for HIV
- My insurance might not cover it or I lost my insurance
- I don't want my parent(s) or guardian(s) to find out I'm taking PrEP
- It will be hard to get to follow-up appointments
- People might react negatively if they find out I'm taking PrEP

- I'm using condoms all the time
- Other, please specify: _____
- Don't know

J11. Please rank the reasons why you are unsure about starting PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from J10] rank order list

[If E4=No; otherwise skip to J14]

J12. What are the reasons why you are not planning to start PrEP at this time. Select all that apply.

- I can't afford it right now
- I'm not at risk for HIV
- My insurance will not cover it, or I don't have insurance
- I don't want to take a pill every day
- My parent(s) or guardian(s) will find out
- I will forget to take my pill
- I will have trouble getting to follow-up appointments
- I will have issues getting PrEP or with the pharmacy
- I am concerned about side effects
- People will react negatively if they find out I'm taking PrEP
- I am worried about the long term effects of PrEP on my health
- I have a medical problem that makes it unsafe to take PrEP
- I use condoms all of the time
- Other, please specify: _____
- Don't know

J13. Please rank the reasons why you do not plan to start PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from J12] rank order list

J14. What would motivate you to start PrEP? Select all that apply.

- Having sex with someone who is living with HIV
- Having sex with someone whose HIV status is unknown
- Having sex with multiple partners
- Stopping using condoms regularly or partner(s) do/does not want to use condoms
- Receiving more information on the safety of [pipe in PrEP modality from I12]
- Receiving more information on the effectiveness of [pipe in PrEP modality from I12]
- More people in your community start using PrEP
- It was easier to attend follow-up visits
- Fewer follow-up appointments/labs needed
- Having better health insurance
- Support from family and/or friends
- Support from medical providers
- Support from my partner(s)
- Other, specify: _____
- Don't know

J15. Please rank the reasons what would motivate you to start PrEP in order of importance, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from J14] rank order list

Now we want to ask you a few questions about your feelings related to possibly starting PrEP.

J16. Please select how much you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I worry people will assume I sleep around if they know I take PrEP					
I worry people will assume that I am HIV+ if they know I take PrEP					
I worry people will think my partner(s) are HIV+ if they know I take PrEP					
I worry about listing PrEP as one of my current medications during doctor appointments					
I feel ashamed to tell other people I am taking PrEP					
I worry people will think I am a bad person if they know I take PrEP					
I worry people will think I am gay if					

they know I take PrEP					
I worry my friends will find out that I take PrEP					
I worry my family will find out that I take PrEP					
I worry my sex partners will find out that I take PrEP					
I think people will give me a hard time if I tell them I take PrEP					
I think people will judge me if they know I am taking PrEP					

J17. What do you think about how effective PrEP is at preventing someone from getting HIV, when it is taken the way it is prescribed?

- Very/completely effective
- Somewhat effective
- Minimally effective
- Not at all effective
- Don't know

J18. What do you think about whether PrEP helps prevent other kinds of sexually transmitted infections (STIs), like herpes?

- HIV PrEP has no effect on other STIs
- HIV PrEP helps to prevent other STIs
- Don't know

J19. To what extent do you think taking PrEP will affect your likelihood to use condoms?

- Significantly less likely
- Somewhat less likely
- Will not change
- Somewhat more likely
- Significantly more likely
- Don't know

K. PrEP Choices

- [If F4, G5, H12 = Daily oral PrEP then K1-K2]
- [If F4, G5, H12 = Intermittent oral PrEP then K3-K4]
- [If F4, G5, H12 = Injectable PrEP then K5-K6]
- [If F4, G5, H12 = Other or Don't know then K13]

[If I12, J5 = Daily oral PrEP then K7-K8]

[If I12, J5 = Intermittent oral PrEP then K9-K10]

[If I12, J5 = Injectable PrEP then K11-K12]

[If I12, J5 = Other or Don't know then K13]

K1. Why have you chosen to use daily oral PrEP, rather than a different kind of PrEP?

(Choose all that apply)

- My doctor/health care provider recommended this kind for me
- I know people who use this kind of PrEP
- I think this kind of PrEP is more effective than other kinds
- I think this kind of PrEP is safer than other kinds
- I don't want to have to get shots/injections
- I don't want to have to attend an appointment every two months for a shot/injection
- With a shot/injection I would be concerned about long-acting side effects (that is, side effects that don't go away for a long time because I received an injection)
- I don't think I would remember to take intermittent PrEP as prescribed
- I don't think intermittent PrEP would work for me because it is difficult to predict when I'm going to have sex
- I prefer to have a regular routine of taking PrEP
- Other, please specify

[Selected multiple options=K2, otherwise K13]

K2. Please rank the reasons why you have chosen daily oral PrEP, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from K1] rank order list

K3. Why have you chosen to use intermittent oral PrEP, rather than a different kind of PrEP?

(Choose all that apply)

- My doctor/health care provider recommended this kind for me
- I know people who use this kind of PrEP
- I think this kind of PrEP is more effective than other kinds
- I think this kind of PrEP is safer than other kinds
- I don't want to have to get shots/injections
- I don't want to have to attend an appointment every two months for a shot/injection
- With a shot/injection I would be concerned about long-acting side effects (that is, side effects that don't go away for a long time because I received an injection)
- I don't want to have to take a pill every day
- I think it is easier to take PrEP only when I need it
- Intermittent PrEP is less expensive

- o Other, please specify

[Selected multiple options=K4, otherwise Section K13]

K4. Please rank the reasons why you have chosen intermittent oral PrEP, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from K3] rank order list

K5. Why have you chosen to use injectable PrEP, rather than a different kind of PrEP?
(Choose all that apply)

- o My doctor/health care provider recommended this kind for me
- o I know people who use this kind of PrEP
- o I think this kind of PrEP is more effective than other kinds
- o I think this kind of PrEP is safer than other kinds
- o I don't want to have to take a pill every day
- o I don't think I would remember to take daily oral PrEP the way it is prescribed
- o I'm concerned that someone would find out I use PrEP if I had to take pills
- o I don't think I would remember to take intermittent PrEP as prescribed
- o I don't think intermittent PrEP would work for me because it is difficult to predict when I'm going to have sex
- o Other, please specify

[Selected multiple options=K6, otherwise Section K14]

K6. Please rank the reasons why you have injectable PrEP, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from K5] rank order list

K7. Why are you considering daily oral PrEP, rather than a different kind of PrEP? (Choose all that apply)

- o My doctor/health care provider recommended this kind for me
- o I know people who use this kind of PrEP
- o I think this kind of PrEP is more effective than other kinds
- o I think this kind of PrEP is safer than other kinds
- o I don't want to have to get shots/injections
- o I don't want to have to attend an appointment every two months for a shot/injection
- o With a shot/injection I would be concerned about long-acting side effects (that is, side effects that don't go away for a long time because I received an injection)
- o I don't think I would remember to take intermittent PrEP as prescribed
- o I don't think intermittent PrEP would work for me because it is difficult to predict when I'm going to have sex
- o I prefer to have a regular routine of taking PrEP

- o Other, please specify

[Selected multiple options=K8, otherwise K13]

K8. Please rank the reasons why you are considering daily oral PrEP, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from K7] rank order list

K9. Why are you considering intermittent oral PrEP, rather than a different kind of PrEP?
(Choose all that apply)

- o My doctor/health care provider recommended this kind for me
- o I know people who use this kind of PrEP
- o I think this kind of PrEP is more effective than other kinds
- o I think this kind of PrEP is safer than other kinds
- o I don't want to have to get shots/injections
- o I don't want to have to attend an appointment every two months for a shot/injection
- o With a shot/injection I would be concerned about long-acting side effects (that is, side effects that don't go away for a long time because I received an injection)
- o I don't want to have to take a pill every day
- o I think it is easier to take PrEP only when I need it
- o Intermittent PrEP is less expensive
- o Other, please specify

[Selected multiple options=K10, otherwise Section K13]

K10. Please rank the reasons why you are considering intermittent oral PrEP, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from K9] rank order list

K11. Why are you considering injectable PrEP, rather than a different kind of PrEP? (Choose all that apply)

- o My doctor/health care provider recommended this kind for me
- o I know people who use this kind of PrEP
- o I think this kind of PrEP is more effective than other kinds
- o I think this kind of PrEP is safer than other kinds
- o I don't want to have to take a pill every day
- o I don't think I would remember to take daily oral PrEP the way it is prescribed
- o I'm concerned that someone would find out I use PrEP if I had to take pills
- o I don't think I would remember to take intermittent PrEP as prescribed
- o I don't think intermittent PrEP would work for me because it is difficult to predict when I'm going to have sex

- o Other, please specify

[Selected multiple options=K12, otherwise Section K14]

K12. Please rank the reasons why you are considering injectable PrEP, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from K11] rank order list

[If F4, G5, H12 = Injectable PrEP then Skip to K14]

K13. Compared to taking oral PrEP pills, how difficult do you think it would be to use injectable PrEP as prescribed (getting your PrEP shot every two months on time)?

- o Injectable PrEP would be LESS difficult to take as prescribed, compared to oral PrEP
- o SAME, the type of PrEP would not change my ability to take PrEP as prescribed
- o Injectable PrEP would be MORE difficult to take as prescribed, compared to oral PrEP
- o I don't know/Prefer not to answer

[If F4, G5, H12 = Intermittent PrEP then Skip to Section L]

K14. Compared to [pipe in current PrEP modality], how difficult do you think it would be to use on-demand PrEP (taking two pills 2-24 hours before sex, one pill 24 hours after the first dose, and one pill 24 hours after the second dose)?

- o On-demand PrEP would be LESS difficult to take, compared to [pipe in current PrEP modality]
- o SAME, on-demand PrEP would not change my ability to take PrEP
- o On-demand PrEP would be MORE difficult to [pipe in current PrEP modality]
- o I don't know/Prefer not to answer

L. PREP ADHERENCE AND BARRIERS

[If F4, G5, H12 = Daily oral PrEP then L1-L5]

[If F4, G5, H12 = Intermittent oral PrEP then L6-L10]

[If F4, G5, H12 = Injectable PrEP then L11-L17]

[If I12, J5 = Daily oral PrEP then L5]

[If I12, J5 = Intermittent oral PrEP then L10]

[If I12, J5 = Injectable PrEP then L17]

[ALL PARTICIPANTS SHOULD ANSWER L18 REGARDLESS OF PREP USE]

L1. In the past 7 days, how many days did you take PrEP?

Text box: 1-7

L2. In the past 3 months, what percent of the time did you take your PrEP as prescribed (once a day)? Use the scale below. 0% would mean 'NONE' of the time and 100% would mean 'ALL' of the time. If you are unsure, make a guess.

% medication taken:

0 _____ [] _____ 100

L3. What has gotten in the way of you taking your PrEP on a daily basis? (Choose all that apply)

- I have not had any trouble taking my regular PrEP doses
- Couldn't get my pills at the drug store or pharmacy
- Ran out of my prescription and never started again
- Did not have health insurance to pay for the prescriptions
- Made me sick to my stomach or tasted bad
- Forgot to take my pill
- I got a headache, rash, or other physical symptom
- It got in the way of my daily schedule
- Didn't feel like taking it, needed a break
- Change in living situation/moved
- Worried that someone will think I have HIV
- Got sick with another illness, wasn't feeling well (e.g., cold, flu, etc.)
- Don't think I need the pills anymore, I can stay healthy without them
- Family and/or friends didn't help me remember
- Family and/or friends told me I shouldn't take them
- Nowhere to keep the pills at school or work
- Didn't understand why I had to take the pills
- I kept getting sick even when I did take the pills
- Taking it reminded me of HIV
- Other, please specify
- Don't know

[Selected multiple options=L4, otherwise L5]

L4. Please rank the things that have gotten in the way of taking PrEP, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from L3] rank order list

L5. We are interested in how you feel about the following statements. Please answer by indicating your confidence about each statement on a scale from 1 (not confident) to 10 (totally confident).

How confident are you that you can...

Take PrEP on a weekend:

- Take PrEP on a weekday
- Take PrEP when dealing with schedule changes:
- Take PrEP while traveling:
- Take PrEP when out with friends:
- Take PrEP at work/school:
- Take PrEP when having medication side effects:
- Take PrEP when having a crisis:
- Take PrEP when drinking or using drugs:
- Keep your PrEP medical appointments:
- Follow a plan for taking PrEP:

[Skip to L18]

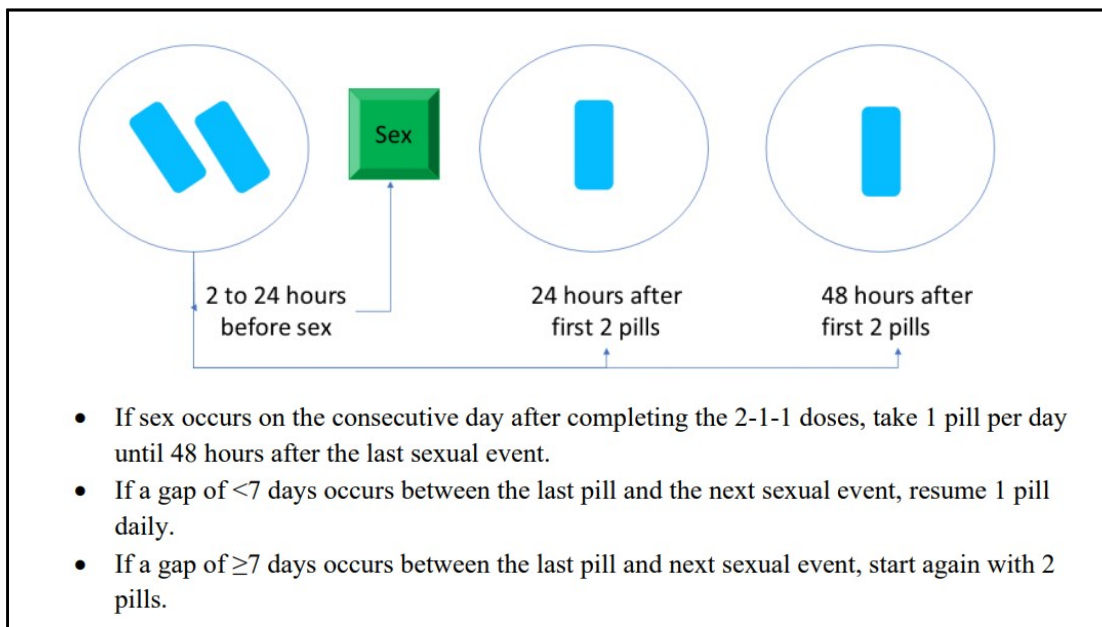
L6. In the past 3 months, what percent of the time did you take your full dose of intermittent PrEP as prescribed (i.e., before & after any condomless anal sex)? A full dose includes the pills taken before sex and after sex as in the figure. Use the scale below. 0% would mean 'NONE' of the time and 100% would mean 'ALL' of the time. If you are unsure, make a guess.

% medication taken:

0 _____ [] _____ 100

- I did not have any condomless anal sex.
- Don't know

Figure.



[IF L6 =100%, skip to L10]

L7. In the past 3 months, what percent of the time did you do the following before having any condomless anal sex? Note: Your responses should add up to 100%. If any of the categories do not apply to you, please enter "0". [Add logic so that these responses must sum to 100%]

- Did not take any of the 4 pills: ____%
- Took 1 of the 4 pills: ____%
- Took 2 of the 4 pills: ____%
- Took 3 of the 4 pills: ____%

L8. What has gotten in the way of you taking your intermittent PrEP as prescribed (i.e., before & after having any condomless anal sex)? (Choose all that apply)

- I have not had any trouble taking my PrEP doses
- Couldn't get my pills at the drug store or pharmacy
- Ran out of my prescription and never started again
- Forgot to take my pills before sex
- Forgot to take my pills after sex
- Didn't know I was going to have sex and I didn't have any PrEP with me
- Didn't think I needed to take all the pills
- Did not have health insurance to pay for the prescriptions
- Made me sick to my stomach or tasted bad
- I got a headache, rash, or other physical symptom
- Didn't feel like taking it, needed a break
- Change in living situation/moved
- Worried that someone will think I have HIV
- Got sick with another illness, wasn't feeling well (e.g., cold, flu, etc.)
- Don't think I need the pills anymore, I can stay healthy without them
- Family and/or friends didn't help me remember
- Family and/or friends told me I shouldn't take them
- Nowhere to keep the pills at school or work
- Didn't understand why I had to take the pills
- I kept getting sick even when I did take the pills
- Taking it reminded me of HIV
- Other, please specify
- Don't know

[Selected multiple options=L8, otherwise L10]

L9. Please rank the things that have gotten in the way of taking PrEP, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- [Answers from L7] rank order list

L10. We are interested in how you feel about the following statements. Please answer by indicating your confidence about each statement on a scale from 1 (not confident) to 10 (totally confident).

How confident are you that you can...

- Take PrEP on a weekend if needed:
- Take PrEP on a weekday if needed:
- Take PrEP when dealing with schedule changes:
- Take PrEP while traveling if needed:
- Take PrEP when out with friends if needed:
- Take PrEP at work/school if needed:
- Take PrEP when having medication side effects:
- Take PrEP when having a crisis:
- Take PrEP when drinking or using drugs if needed:
- Keep your PrEP medical appointments:
- Follow a plan for taking PrEP:

[Skip to L18]

L11. When was the date of your last PrEP injection? (If exact date is unknown, then use the 1st of the month of injection).

___dd/mm/yyyy___

L12. When is the date of your next PrEP injection? (If exact date is unknown, then use the 1st of the month of injection).

___dd/mm/yyyy___

L13. Have you ever gone more than 2 months between PrEP injections?

[Yes=L14, otherwise L15]

- No
- Yes
- Don't know

L14. How many times have you gone more than 2 months between PrEP injections? It is OK if you don't know the exact answer; provide your best guess.

[Free text]

L15. What has gotten in the way of you getting your PrEP injections? (Choose all that apply)

- I have not had any trouble getting my regular PrEP injections

- o Couldn't get an injection appointment
- o Appointment location was too far away or couldn't get transportation
- o Dissatisfied with quality of clinic services
- o Negative attitudes held by clinic staff
- o Worried about paying for the injection
- o Irritation at the injection site
- o I had some other physical symptom
- o Forgot to schedule or attend my appointment
- o It got in the way of my schedule
- o Didn't feel like taking it, needed a break
- o Change in living situation/moved
- o Worried that someone will think I have HIV
- o Got sick with another illness, wasn't feeling well (e.g., cold, flu, etc.)
- o Don't think I need the injections anymore, I can stay healthy without them
- o Family and/or friends didn't help me remember
- o Family and/or friends told me I shouldn't get them
- o Didn't understand why I had to get the injections
- o I kept getting sick even when I did get the injections
- o Getting them reminded me of HIV
- o Other, please specify
- o Don't know

[Selected multiple options=L16, otherwise L17]

L16. Please rank the things that have gotten in the way of taking PrEP, with 1 being the most important reason, 2 being the next most important reason, all the way to the least important reason.

- o [Answers from L15] rank order list

L17. We are interested in how you feel about the following statements. Please answer by indicating your confidence about each statement on a scale from 1 (not confident) to 10 (totally confident).

How confident are you that you can...

Keep your injectable PrEP appointments:

Follow a plan for getting your PrEP:

[ALL PARTICIPANTS]

L18. Please rate how much each of the following items influences your decision about taking PrEP.

	Not at all	A little bit	A moderate amount	A lot
Having to talk to a healthcare provider about my sex life				
Having to talk to a healthcare provider about PrEP				

Friends finding out that I am on PrEP				
Sexual partner(s) finding out that I am on PrEP				
Family members finding out that I am on PrEP				
The long-term effects of PrEP on my health				
The possibility that PrEP might not provide complete protection against HIV				
The possibility that if I become HIV positive, certain medications won't work				
The potential side effects of PrEP				
Having to remember to take a pill or get an injection				
Getting transportation to PrEP appointments/labs				
Returning for PrEP follow-up appointments and labs				
Getting a PrEP prescription refilled				
Using insurance to get coverage for PrEP costs				
Getting the costs of PrEP covered (including office visits or office visit co-pays, lab costs, transportation costs)				

M. TECHNOLOGY USE AND ONLINE PARTNER SEEKING BEHAVIOR

In this section, we will ask questions about your devices and your social media and internet use.

M1. On average, how many hours a day do you spend on the Internet, other than for work or school? (Round to the nearest hour) _____ [integer 0-24]

M2. Which of the following devices do you own? (Check all that apply)

[If cell phone then M4, if smartphone then M3, otherwise M4]

- Cell phone (basic mobile phone for calling or texting; does not have internet access, apps, or a touch screen)
- Smartphone (advanced mobile phone with internet access, apps, and a touch screen)
- Desktop computer
- Laptop computer
- Tablet computer
- E-book reader
- Fitness tracker or smart watch
- Other, please specify

M3. How often do you use apps on your smartphone (for example: TikTok, Instagram, dating apps, banking apps, Snapchat)?

- More than once a day
- About once a day
- A few times a week

- About once a week
- Less than once a week
- I do not use apps on my phone

M4. Do you regularly share your phone with one or more other people (such as a partner, family member, or friends)?

- Yes
- No

M5. What kind of phone service do you have?

- I have a prepaid account
- I have a monthly contract
- I'm on a shared plan
- Other, please specify
- Don't know

M6. How many times in the past 3 months has your phone been disconnected, because the bill was not paid, or because your phone was lost or stolen?

[Never=M8, otherwise M7]

- Never
- Once
- Twice
- 3 to 5 times
- More than 5 times
- Other, please specify
- Don't know

M7. The last time your phone was disconnected, for how long was it disconnected?

- 1 day or less
- 2 to 7 days
- 1 to 4 weeks
- 1 month or more
- Other, please specify
- Don't know

M8. How often do you use websites or apps for the following reasons:

	Never	Rarely	Sometimes	Often
Make new friends				
Chat with friends				
Find a date				
Meet partners for sex				
Look for work opportunities				
Track your health behaviors (diet, exercise,				

medication management, etc.)				
Create event reminders (take a daily pill, exercise, etc.)				

M9. What are the 3 social media platforms you use most often?

- YouTube
- LinkedIn
- Reddit
- WhatsApp
- Snapchat
- Twitter
- Facebook
- Instagram
- TikTok
- Other, please specify
- Don't know

M10. [Ybarra scale] In the past 12 months, have you searched online for any of the following topics for yourself? (Check all that apply)

- Sexuality or sexual attraction
- How to have sex or sexual positions
- HIV/AIDS or other sexually transmitted diseases
- Condoms or other types of birth control
- PrEP (Pre-Exposure Prophylaxis)
- PEP (Post Exposure Prophylaxis)
- Fitness or weight issues
- Drugs or alcohol
- Violence or abuse
- Medications or medication side effects
- Depression, anxiety, or suicide
- None

M11. Please indicate your agreement with the following statements

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I know what health resources are available on the Internet.	()	()	()	()	()
I know how to find	()	()	()	()	()

helpful health resources on the Internet.					
I know how to use the Internet to answer my questions about health.	()	()	()	()	()
I know how to use the health information I find on the Internet to help me.	()	()	()	()	()
I have the skills I need to evaluate the health resources I find on the Internet.	()	()	()	()	()
I can tell high quality health resources from low quality health resources on the Internet.	()	()	()	()	()
I feel confident in using information from the Internet to make health decisions.	()	()	()	()	()
I know where to find helpful health resources on the Internet.	()	()	()	()	()

N. RELATIONSHIPS AND SEXUAL HEALTH PRIORITIES

N1. How do you define your primary relationship status? [Routing question, may not skip]

- o Single [Skip to Section O]
- o Casually dating/friends with benefits [Skip to Section O]
- o In a relationship (Have a partner/partners or spouse)
- o Other, please specify [Skip to Section O]
- o Don't know [Skip to Section O]

People have different sexual health priorities. For example, some people prioritize staying HIV-negative; others want to have as much fun as possible with their partners; others want to feel as close and connected to their partners as possible.

N2. For these next questions, we are interested in you and your primary romantic partner's sexual health priorities. Thinking about you and your primary partner's sexual health priorities, please indicate the extent to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I feel like my partner and I are “on the same page” in terms of the decisions we make about sexual health and risk	()	()	()	()	()
When it comes to sexual decision-making, I feel like my partner and I are “of the same mind”	()	()	()	()	()
Sometimes I feel like my priorities for my sexual health are incompatible with my partner's goals	()	()	()	()	()
I'm confident that my partner and I generally share the same priorities when it comes to sexual health	()	()	()	()	()
Making sexual health decisions with my partner can be difficult because we have different priorities	()	()	()	()	()

O. SEXUAL BEHAVIORS

This set of questions will ask about your sexual behaviors. Sometimes sharing information about sexual behaviors can make people feel uncomfortable. We want you to remember that all this information is kept confidential and is collected only for research purposes. This information will help this study learn more about PrEP and HIV prevention. Please be as honest as possible.

O1. **In the past 3 months**, how many sexual partners have you had sex with?
[NumSexPartner] _____ (range 0-99) (text field)

[If NumSexPartner =0 then skip to Section P]

[If NumSexPartner = 1 then O2-O5]

[If NumSexPartner > 1 then O6-O9]

[ANAL RECEPTIVE]

The following questions ask about your sexual behavior during the past 3 months. Our focus in this section will be exclusively on **anal sex**. Therefore, **only include partners with whom you had anal sex**.

O2. **In the past 3 months**, did you have **receptive anal sex** with this person (you were the bottom)? [ReceptiveAI]

[Yes = O3, otherwise O?]

- Yes
- No
- Don't know

O3. About this person, did they put their penis in your rectum **without a condom**?

[ReceptiveAINoCondom]

- Yes
- No
- Don't know

O4. Regarding this person... [OneRecAIHIVStatus]

- They told you they were HIV negative and you had no reason to doubt it. [Negative]
- They told you they were HIV positive and they were undetectable
- They told you they were HIV positive but did NOT say they were undetectable.
- You were not completely sure of this person's HIV status. [StatusUnknown]
- Don't know

O5. Was this person using PrEP? [OneRecAIPrep]

- Yes
- No
- Don't know

[Skip to O10]

O6. In the past 3 months, with how many of these [NumSexPartner] people did you have **receptive anal sex** (you were the bottom)? [ReceptiveAI]
_____ (range 0-[NumSexPartner]) (fill-in) [If >0 then O7, otherwise O14]

O7. Of these [ReceptiveAI] people, how many put their penises in your rectum **without a condom**? ____ [ReceptiveAINoCondom] (Range 0-[ReceptiveAI]) (fill-in)

O8. Of the [ReceptiveAI] people you had **receptive anal sex** with, how many... (Please enter a number in each box. Enter 0 (zero) if none. Your answers must add up to [ReceptiveAI]).

- Told you they were HIV negative and you had no reason to doubt it? _____
- Told you they were HIV positive and they were undetectable? _____
- Told you they were HIV positive but did NOT say they were undetectable. _____
- Were you not completely sure of their HIV status? _____

_____(TOTAL) [MultRecAIHIVTotal] This number must be the sum of the previous 3 responses, and should tally as the answers are populated. Validate that [MultRecUAIHIVTotal] = [ReceptiveAI]

O9. To your knowledge, how many of these people were taking PrEP? [MultRecAIPrep] _____ (range 0-[ReceptiveAI]) (fill-in)

[Skip to O14]

[ANAL INSERTIVE]

[If NumSexPartner = 1 then O10-O13]

[If NumSexPartner > 1 then O14-O17]

O10. We have a few more questions about your sexual behavior with the person who was your anal sex partner **in the past 3 months**.

In the past 3 months, did you have **insertive anal sex** with this person (you were the top)?

[InsertiveAI]

[Yes = O11, otherwise]

- Yes
- No
- Don't know

O11. About this person, did you put your penis in their rectum **without a condom**?

[InsertiveAINoCondom]

- Yes
- No
- Don't know

[If answered O4, skip to O13]

O12. Regarding this person... [OneRecAIHIVStatus]

- They told you they were HIV negative and you had no reason to doubt it. [Negative]
- They told you they were HIV positive and they were undetectable
- They told you they were HIV positive but did NOT say they were undetectable.
- You were not completely sure of this person's HIV status. [StatusUnknown]
- Don't know

[If answered O5, skip to O18]

O13. Was this person using PrEP? [OneRecAIPrep]

- Yes
- No
- Don't know

[Skip to O18]

O14. We have a few more questions about your sexual behavior with the people who were your anal sex partners **in the past 3 months**.

In the past 3 months, with how many of these [NumSexPartner] people did you have **insertive anal sex** (you were the top)? [InsertiveAI] ____ (range 0-[NumSexPartner]) (fill-in) [If >0 then O15, otherwise O22]

O15. Of these [InsertiveAI] people, how many of their rectums did you put your penis into **without a condom**? _____ [InsertiveAINoCondom] (range 0-[InsertiveAI]) (fill-in)

O16. Of the [InsertiveAI] people you had **insertive anal sex** with, how many... (Please enter a number in each box. Enter 0 (zero) if none. Your answers must add up to [InsertiveAI]).

- Told you they were HIV negative and you had no reason to doubt it? _____
- Told you they were HIV positive and they were undetectable? _____
- Told you they were HIV positive but did NOT say they were undetectable. _____
- Were you not completely sure of their HIV status? _____

_____(TOTAL) [MultInsAIHIVTotal] This number must be the sum of the previous 3 responses, and should tally as the answers are populated. Validate that [MultInsUAIHIVTotal] = [InsertiveAI]

O17. To your knowledge, how many of these people were taking PrEP?

[MultRecAIPrep] ____ (range 0-[InsertiveAI]) (fill-in)

[Skip to O22]

[VAGINAL]

We will now ask you questions about your experience with **vaginal sex in the past 3 months**. Our focus in this section is exclusively on **vaginal sex**.

[If NumSexPartner = 1 then O18-O21]

[If NumSexPartner > 1 then O22-O25]

O18. **In the past 3 months**, did you have **vaginal sex** with this person (did you put your penis in their vagina)? [VI]

[Yes = O19, otherwise]

- Yes
- No
- Don't know

O19. About this person, did you put your penis in their vagina **without a condom**?

[InsertiveVINoCondom]

- Yes
- No
- Don't know

O20. Regarding this person... [OneRecAIHIVStatus]

- They told you they were HIV negative and you had no reason to doubt it. [Negative]
- They told you they were HIV positive and they were undetectable
- They told you they were HIV positive but did NOT say they were undetectable.
- You were not completely sure of this person's HIV status. [StatusUnknown]
- Don't know

O21. Was this person using PrEP? [OneRecAIPrep]

- Yes
- No
- Don't know

[Skip to routing before O26]

O22. **In the past 3 months**, with how many sexual partners did you have **vaginal sex** (you put your penis in someone's vagina)? [VI] ____ (range 0-[NumVagSexPartner]) (*fill-in*) [If >0 then O23, otherwise routing before O26]

O23. Of these [InsertiveVI] people, how many of their vaginas did you put your penis into **without a condom**? ____ [InsertiveVINoCondom] (range 0-[InsertiveAI]) (*fill-in*)

O24. Of the [InsertiveVI] people you had **vaginal sex** with, how many... (*Please enter a number in each box. Enter 0 (zero) if none. Your answers must add up to [InsertiveVI]*).

- o Told you they were HIV negative and you had no reason to doubt it? _____
- o Told you they were HIV positive and they were undetectable? _____
- o Told you they were HIV positive but did NOT say they were undetectable. _____
- o Were you not completely sure of their HIV status? _____

_____ (TOTAL) [MultInsVIHIVTotal] This number must be the sum of the previous 3 responses, and should tally as the answers are populated. Validate that [MultInsVIHIVTotal] = [InsertiveVI]

O25. To your knowledge, how many of these people were taking PrEP?
[MultRecVIPrep] _____ (range 0-[InsertiveVI]) (fill-in)

[If O2 = NO, N6 = 0, O10 = NO, O14 = 0 then no anal sex reported, skip to O27]

O26. Now we are going to ask you to think back to any anal sex you had in the last 2 months (8 weeks). If you are unsure of any answers below, please make your best guess.

Thinking back to the past week, [pipe in date range here with calendar]:
How many times did you have any anal sex?
How many times did you have any condomless anal sex?

Thinking back to 2 weeks ago, [pipe in date range here with calendar]:
How many times did you have any anal sex?
How many times did you have any condomless anal sex?

Thinking back to 3 weeks ago, [pipe in date range here with calendar]:
How many times did you have any anal sex?
How many times did you have any condomless anal sex?

Thinking back to 4 weeks ago, [pipe in date range here with calendar]:
How many times did you have any anal sex?
How many times did you have any condomless anal sex?

Thinking back to 5 weeks ago, [pipe in date range here with calendar]:
How many times did you have any anal sex?
How many times did you have any condomless anal sex?

Thinking back to 6 weeks ago, [pipe in date range here with calendar]:
How many times did you have any anal sex?
How many times did you have any condomless anal sex?

Thinking back to 7 weeks ago, [pipe in date range here with calendar]:
How many times did you have any anal sex?
How many times did you have any condomless anal sex?

Thinking back to 8 weeks ago, [pipe in date range here with calendar]:
 How many times did you have any anal sex?
 How many times did you have any condomless anal sex?

O27. In the past 12 months, have you had any kind of sex with someone in exchange for things you needed (like money, drugs, food, shelter, etc.)?
 No
 Yes
 Don't know

O28. In the past 12 months, have you given anything to someone else (like money, drugs, food, shelter, etc) in exchange for them having sex with you?
 No
 Yes
 Don't know

P. SUBSTANCE USE

The next questions refer to your alcohol and drug use. We know that this information is personal. Please remember all this information is kept confidential and is collected only for research purposes.

P1. Which of the following drugs have you used in your life (non-medical use only)? (Choose all that apply)

[If None then skip to Section Q]

- Tobacco (cigarettes, chewing tobacco, cigars, e-cigarettes, etc.)
- Alcohol (beer, wine, spirits, etc.)
- Cannabis (marijuana, pot, weed, edibles, hash, synthetic cannabis, vaping, etc.)
- Cocaine (coke, crack, etc.)
- Amphetamines (speed, meth, diet pills, molly, ecstasy, Ritalin, Adderall, etc.)
- Inhalants (poppers, nitrous, glue, petrol, paint thinner, etc.)
- Sedatives, tranquilizers, or sleeping pills (valium, Serepax, Rohypnol, Xanax, Ambien, GHB, etc.)
- Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, etc.)
- Opioids (heroin, morphine, methadone, codeine, Oxycotin, Percocet, Vicodin, etc.)
- Other, please specify
- None
- Don't know

P2. In the past three months, how often have you used... [only pipe in substances from above]
 [If all Never then skip to P6]

	Never	Once or twice	Monthly	Weekly	Daily or almost
--	-------	---------------	---------	--------	-----------------

					daily
Tobacco (cigarettes, chewing tobacco, cigars, e-cigarettes, etc.)					
Alcohol (beer, wine, spirits, etc.)					
Cannabis (marijuana, edibles, pot, weed, hash, synthetic cannabis, vaping, etc.)					
Cocaine (coke, crack, etc.)					
Amphetamines (speed, meth, diet pills, molly, ecstasy, Ritalin, Adderall, etc.)					
Inhalants (poppers, nitrous, glue, petrol, paint thinner, etc.)					
Sedatives, tranquilizers, or sleeping pills (valium, Serepax, Rohypnol, Xanax, Ambien, GHB, etc.)					
Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, etc.)					
Opioids (heroin, morphine, methadone, codeine, Oxycotin, Percocet, Vicodin, etc.)					
Other, please specify					

P3. During the past three months, how often have you had a strong desire or urge to use...

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Tobacco (cigarettes, chewing tobacco, cigars, e-cigarettes, etc.)					
Alcohol (beer, wine, spirits, etc.)					
Cannabis (marijuana, edibles, pot, weed, hash, synthetic cannabis, vaping, etc.)					
Cocaine (coke, crack, etc.)					
Amphetamines (speed, meth, diet pills, molly, ecstasy, Ritalin, Adderall, etc.)					
Inhalants (poppers, nitrous, glue, petrol, paint thinner, etc.)					
Sedatives, tranquilizers, or sleeping pills (valium, Serepax, Rohypnol, Xanax, Ambien, GHB, etc.)					
Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, etc.)					
Opioids (heroin, morphine, methadone, codeine, Oxycotin, Percocet, Vicodin, etc.)					
Other, please specify					

P4. During the past three months, how often has your use of [pipe in substances from last 3 mo] led to health, social, legal or financial problems?

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Tobacco (cigarettes, chewing tobacco, cigars, e-cigarettes, etc.)					
Alcohol (beer, wine, spirits, etc.)					
Cannabis (marijuana, edibles, pot, weed, hash, synthetic cannabis, vaping, etc.)					
Cocaine (coke, crack, etc.)					
Amphetamines (speed, meth, diet pills, molly, ecstasy, Ritalin, Adderall, etc.)					
Inhalants (poppers, nitrous, glue, petrol, paint thinner, etc.)					
Sedatives, tranquilizers, or sleeping pills (valium, Serepax, Rohypnol, Xanax, Ambien, GHB, etc.)					
Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, etc.)					
Opioids (heroin, morphine, methadone, codeine, Oxycotin, Percocet, Vicodin, etc.)					
Other, please specify					

P5. During the past three months, how often have you failed to do what was normally expected of you because of your use of [pipe in substances from last 3 mo]?

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Tobacco (cigarettes, chewing tobacco, cigars, e-cigarettes, etc.)					
Alcohol (beer, wine, spirits, etc.)					
Cannabis (marijuana, edibles, pot, weed, hash, synthetic cannabis, vaping, etc.)					
Cocaine (coke, crack, etc.)					
Amphetamines (speed, meth, diet pills, molly, ecstasy, Ritalin, Adderall, etc.)					
Inhalants (poppers, nitrous, glue, petrol, paint thinner, etc.)					
Sedatives, tranquilizers, or sleeping pills (valium, Serepax, Rohypnol, Xanax, Ambien, GHB, etc.)					
Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, etc.)					

Opioids (heroin, morphine, methadone, codeine, Oxycotin, Percocet, Vicodin, etc.)					
Other, please specify					

P6. Has a friend or relative or anyone else ever expressed concern about your use of [pipe in substances EVER used]?

	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Tobacco (cigarettes, chewing tobacco, cigars, e-cigarettes, etc.)			
Alcohol (beer, wine, spirits, etc.)			
Cannabis (marijuana, edibles, pot, weed, hash, synthetic cannabis, vaping, etc.)			
Cocaine (coke, crack, etc.)			
Amphetamines (speed, meth, diet pills, molly, ecstasy, Ritalin, Adderall, etc.)			
Inhalants (poppers, nitrous, glue, petrol, paint thinner, etc.)			
Sedatives, tranquilizers, or sleeping pills (valium, Serepax, Rohypnol, Xanax, Ambien, GHB, etc.)			
Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, etc.)			
Opioids (heroin, morphine, methadone, codeine, Oxycotin, Percocet, Vicodin, etc.)			
Other, please specify			

P7. Have you ever tried to cut down on using [pipe in substances ever used] but failed?

	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Tobacco (cigarettes, chewing tobacco, cigars, e-cigarettes, etc.)			
Alcohol (beer, wine, spirits, etc.)			
Cannabis (marijuana, edibles, pot, weed, hash, synthetic cannabis, vaping, etc.)			
Cocaine (coke, crack, etc.)			
Amphetamines (speed, meth, diet pills, molly, ecstasy, Ritalin, Adderall, etc.)			
Inhalants (poppers, nitrous, glue, petrol, paint thinner, etc.)			
Sedatives, tranquilizers, or sleeping pills (valium, Serepax, Rohypnol, Xanax, Ambien, etc.)			

GHB, etc.)			
Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, etc.)			
Opioids (heroin, morphine, methadone, codeine, Oxycotin, Percocet, Vicodin, etc.)			
Other, please specify			

P8. Have you ever used any drug by injection (non-medical use only)?

- No, never
- Yes, in the past 3 months
- Yes, but not in the past 3 months

[If P2 = Never then skip to Section Q]

P9. **During the past 30 days**, did you use [pipe in substances ever used] immediately before or during sex? (Check all that apply.) [SexOnDrugs]

	No, never	Yes
Tobacco (cigarettes, chewing tobacco, cigars, e-cigarettes, etc.)		
Alcohol (beer, wine, spirits, etc.)		
Cannabis (marijuana, edibles, pot, weed, hash, synthetic cannabis, vaping, etc.)		
Cocaine (coke, crack, etc.)		
Amphetamines (speed, meth, diet pills, molly, ecstasy, Ritalin, Adderall, etc.)		
Inhalants (poppers, nitrous, glue, petrol, paint thinner, etc.)		
Sedatives, tranquilizers, or sleeping pills (valium, Serepax, Rohypnol, Xanax, Ambien, GHB, etc.)		
Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, etc.)		
Opioids (heroin, morphine, methadone, codeine, Oxycotin, Percocet, Vicodin, etc.)		
Other, please specify		

Q. MENTAL HEALTH

Depression

PHQ-2/GAD-2 screener

Q1. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)

Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				

[Those with a combined score ≥ 3 on items 1 & 2 (PHQ-2) complete remaining 6 items of the PHQ-8.

Those with a combined score ≥ 3 on items 3 & 4 (GAD-2) complete remaining 5 items of the GAD-7.]

PHQ-8

Q2. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
Trouble falling or staying asleep, or sleeping too much?				
Feeling tired or having little energy?				
Poor appetite or overeating?				
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?				
Trouble concentrating on things, such as reading the newspaper or watching television?				
Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?				

Anxiety

GAD-7

Q3. Over the **past 2 weeks**, how often have you been bothered by any of the following problems:

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
Worrying too much about different things?				
Trouble relaxing?				
Being so restless that it is hard to sit still?				
Becoming easily annoyed or irritable?				
Feeling afraid as if something awful might happen?				

R. EVERYDAY DISCRIMINATION

R1. In your day-to-day life, how often do any of the following things happen to you?

[If all answers = less than once a year or never then skip to Section S]

	Almost daily	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people are.						
You are treated with less respect than other people are.						
You receive poorer service than other people at restaurants or stores.						
People act as if they think you are not smart.						
People act as if they are afraid of you.						
People act as if they think you are dishonest.						
People act as if they're better than you are.						
You are called names or insulted.						
You are threatened or harassed.						

R2. What do you think are the main reasons for why you experienced this discrimination?
(Choose all that apply)

- Your ancestry or national origins
- Your gender identity
- Your race
- Your age
- Your religion
- Your height
- Your weight
- Some other aspect of your physical appearance
- Your sexual orientation
- Your education or income level
- Your HIV status
- Your disability status
- Other, please specify
- Don't know

R3. How hard was it to bounce back when you experienced discrimination due to your: [for each selected item above]

- Very easy
- Easy

- o Hard
- o Very hard

S. SOCIAL SUPPORT AND ISOLATION

Emotional support

S1. Please respond to each statement:

	Never	Rarely	Sometimes	Usually	Always
I have someone who will listen to me when I need to talk.					
I have someone to confide in or talk to about myself or my problems.					
I have someone who makes me feel appreciated.					
I have someone to talk with when I have a bad day.					

Informational support

S2. Please respond to each statement:

	Never	Rarely	Sometimes	Usually	Always
I have someone to give me good advice about a crisis if I need it.					
I have someone to turn to for suggestions about how to deal with a problem.					
I have someone to give me information if I need it.					
I get useful advice about important things in life.					

Instrumental support

S3. Please respond to each statement:

	Never	Rarely	Sometimes	Usually	Always
Do you have someone to help you if you are confined to bed?					
Do you have someone to take you to the doctor if you need it?					
Do you have someone to help with your daily chores if you are sick?					
Do you have someone to run errands if you need it?					

Social Isolation

S4. Please respond to each statement:

	Never	Rarely	Sometimes	Usually	Always
I feel left out. I feel that people barely know me. I feel isolated from others. I feel that people are around me but not with me.					

That concludes our survey! Thank you for participating!

If you have any questions or comments regarding this survey, please provide them below.