

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

**Attachment 4d  
Patient Quarterly Assessment English**

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

# **mChoice Follow-Up Assessment**

This survey will be used for the 3-, 6-, 9-, 12-, and 18-month follow up surveys. Question B6 will only require a response at the 6-, 12- and 18-month intervals. Section Q will not be part of the 18-month follow up assessment.

## **Table of Contents**

- A. SOCIOECONOMIC AND RISK CORRELATES**
- B. HEALTHCARE ACCESS, COMMUNICATION, AND STI TESTING/DIAGNOSIS**
- C. HIV**
- D. PrEP ROUTING**
- E. CURRENT PrEP USE**
- F. PrEP RESTART**
- G. PREVIOUS PrEP USE: NO PLANS TO RESTART/UNSURE**
- H. PrEP CHOICES**
- I. PREP ADHERENCE AND BARRIERS**
- J. TECHNOLOGY USE AND ONLINE PARTNER SEEKING BEHAVIOR**
- K. RELATIONSHIPS AND SEXUAL HEALTH PRIORITIES**
- L. SEXUAL BEHAVIORS**
- M. SUBSTANCE USE**
- N. MENTAL HEALTH**
- O. EVERYDAY DISCRIMINATION**
- P. SOCIAL SUPPORT AND ISOLATION**
- Q. MCHOICE APP SATISFACTION**

## Welcome to mChoice!

Thank you for your participation in this important project. ***This survey will take approximately 45 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. SOCIOECONOMIC AND RISK CORRELATES

A1. In the past 3 months, have you been homeless? By homeless, we mean you were living on the street, in a shelter, in a Single Room Occupancy hotel (SRO), or in a car.

[Yes = A2, otherwise A3]

- ☐ No
- ☐ Yes
- ☐ Don't know

A2. Are you currently homeless?

- ☐ No
- ☐ Yes
- ☐ Don't know

A3. What zip code do you live in? \_\_\_\_\_

- ☐ Don't know

A4. What is your current marital status?

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

A5. 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

A6. 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

A7. In the past 3 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

A8. 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

A9. 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

A10. Have you been arrested in the last 3 months?

[Yes = A11, otherwise next Section B]

- ☐ No
- ☐ Yes
- ☐ Don't know

A11. Have you been put in jail, prison, or juvenile detention (juvy) in the last 3 months?

- ☐ No
- ☐ Yes
- ☐ Don't know

## B. HEALTHCARE ACCESS, COMMUNICATION, AND STI TESTING/DIAGNOSIS

B1. 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 = B2, otherwise B3]

- ☐ 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

B2. 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

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

B3. In the past 3 months have you been tested for an STI that was not HIV?

[Yes = B4, otherwise B5]

- ☐ No
- ☐ Yes
- ☐ Don't know

B4. **In the last 3 months** 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

B5. 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

B6. [This section to be completed at only the 6-, 12- and 18-month assessments.] 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"/> |

### C. 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.

C1. In the **past 3 months**, have you had an HIV test?

[Yes = C2 otherwise C3]

- ☐ No
- ☐ Yes
- ☐ Don't know

C2. When did you have your 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

C3. Overall, how concerned are you about getting HIV?

Not at all concerned                      Extremely concerned

0 -----10



C4. 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                 |

#### D. 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.

D1. Are you currently using PrEP?

[Yes = skip to Section E]

- ☐ Yes
- ☐ No

D2. Have you previously used PrEP?

- ☐ Yes
- ☐ No

D3. Are you planning on **restarting** PrEP soon (by soon, we mean in the next 1-2 weeks), if you briefly stopped taking PrEP after the baseline visit?

[Yes = skip to Section F; Otherwise skip to Section G]

- ☐ Yes
- ☐ No
- ☐ Not sure

#### E. Current PrEP Use

E1. In the past 3 months, what kinds of PrEP have you heard about and/or discussed?  
(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

E2. In the past 3 months, where have you gotten most of your information about PrEP?  
(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
- ☐ Don't know

E3. 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

E4. 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

E5. When did you start this medication: [pull answer from E4]? It's OK if you don't know the exact date. Please provide your best guess.

- ☐ [Month]
- ☐ [Year]
- ☐ Don't know

E6a. 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=E6b, otherwise E7]

E6b. 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 E6a] rank order list

E7. In the past 3 months have you used any other kind of PrEP, a kind of PrEP other than what you are currently using?

[Yes=E8, otherwise E17]

- ☐ No
- ☐ Yes
- ☐ Don't know

E8. What other kind(s) of PrEP have you used? Please rank them in order of use (1=first type of PrEP used, 2 = 2<sup>nd</sup> 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 E9- E17 pertain to the first PrEP method selected in E8]

E9. When did you start this medication: [pull answer #1 from E8]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

E10. When did you stop this medication: [pull answer #1 from E8]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

E11. Why did you switch to a different kind of PrEP from [pull answer #1 from E8]? (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
- ☐ 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

E12. 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 E11] rank order list

[If >1 PrEP method selected in E8 =E13; Otherwise skip to E17].

E13. When did you start this medication: [pull answer #2 from E8]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

E14. When did you stop this medication: [pull answer #2 from E8]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

E15. Why did you switch to a different kind of PrEP from [answer #2 from E9]? (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=E15, otherwise E16]

E16. 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 E15] rank order list

[Skip to E17]

E17. How satisfied are you with the kind of PrEP you are currently using?

- ☐ Very satisfied
- ☐ Moderately satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Moderately dissatisfied
- ☐ Very dissatisfied

E18. 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

E19. What do you think about whether PrEP helps prevent other kinds of sexually transmitted infections (STIs), like gonorrhea or chlamydia?

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

E20. To what extent do you think taking PrEP affects your likelihood to use condoms?

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

E21. Who knows that you use 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

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

E22. 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                                   |                |       |                            |          |                   |

E23. 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 J]

## F. PrEP Restart

F1 In the past 3 months, what kinds of PrEP have you heard about and/or discussed? (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? (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
- ☐ 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

F4a. What kind of PrEP are you currently using, if any? If you are not using PrEP currently, what was the most recent kind of PrEP you were taking?

|                 |                    |                                                                                                      |                                                                                       |
|-----------------|--------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 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

F4b. When did you last take a PrEP pill? [Question F4b pertains to the first 2 PrEP methods selected in F4a]

- ☐ Within 0-12 hours ago
- ☐ 12-18 hours ago
- ☐ 18-24 hours ago
- ☐ >24 hours ago
- ☐ Within the past 7 days
- ☐ >7 days ago

F5. Have you stopped and restarted PrEP?

- ☐ Yes
- ☐ No

F6. What kinds of PrEP have you used, besides the one you already mentioned in F4a? Please rank them in order of use (1=first type of PrEP used, 2 = 2<sup>nd</sup> 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): \_\_\_\_\_
- ☐ N/A
- ☐ Don't know

F7. When did you start this medication: [pull answer from F4a]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

F8. When did you stop this medication: [pull answer from F4a]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

F9. Why did you stop taking this medication, [pull answer from F4a]? (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

F10. 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 F9] rank order list

[If multiple options selected in F6 = Repeat question series F7-F10 for all selections; otherwise G9]

F11. Did you talk with your doctor/health care provider before stopping PrEP?

- ☐ No
- ☐ Yes
- ☐ Don't know

F12. 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 G14]
- ☐ 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

F13. 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

F14. 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                                                                              |  |

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

F15. 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

F16. Why have you decided to restart PrEP? (Choose all that apply)

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

[Selected multiple options=F17, otherwise F18]

F17. 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.

- o [Answers from G16] rank order list

F18. Who knows that you are planning to restart 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

F19. 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

F20. What do you think about whether PrEP helps prevent other kinds of sexually transmitted infections (STIs), like gonorrhea or chlamydia?

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

F21. To what extent do you think restarting 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

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

F22. 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.

F23. 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                             |                |       |                            |          |                   |

## G. Previous PrEP users: not restarting/unsure

G1. In the past 3 months, what kinds of PrEP have you heard about and/or discussed (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

G2. Where did you get information about PrEP? (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
- ☐ Don't know

G3. 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

G4. What kinds of PrEP have you ever used? Please rank them in order of use (1=first type of PrEP used, 2 = 2<sup>nd</sup> 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

G5. When did you start this medication: [pull answer #1 from G4]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

G6. When did you stop this medication: [pull answer #1 from G4]? It's OK if you don't know the exact date. Please provide your best guess.

[Month]

[Year]

Don't know

G7. Why did you stop taking this medication, [pull answer #1 from G4]? (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

G8. 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 G7] rank order list

[If multiple options selected in G4 = Repeat question series G5-G8 for all selections; otherwise G9]

G9. Did you talk with your doctor/health care provider before stopping PrEP?

- ☐ No
- ☐ Yes
- ☐ Don't know

G10. 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 H12]
- ☐ 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

G11. 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 D3=No, skip to G19]

G12. 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

G13. 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

G14. 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=G15, otherwise G16]

G15. 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.

- ☐ [Answers from G14] rank order list

G16. Who knows that you are considering restarting 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

G17. Why are you unsure about whether you want to restart 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 I12]
- ☐ 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

G18. 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 G17] rank order list

[Only if D3=No; otherwise skip to G21]

G19. 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
- o I will forget to take my pill
- o I will have trouble getting to follow-up appointments
- o I will have issues getting PrEP or with the pharmacy
- o I am concerned about side effects
- o People will react negatively if they find out I'm taking PrEP
- o I am worried about the long term effects of PrEP on my health
- o I have a medical problem that makes it unsafe to take PrEP
- o I use condoms all of the time
- o Other, please specify: \_\_\_\_\_
- o Don't know

G20. 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.

- o [Answers from G19] rank order list

G21. 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

G22. 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 G21] rank order list

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

G23. 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 possibly restarting PrEP.

G24. 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                             |                |       |                            |          |                   |

G25. 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



G26. 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

G27. 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

## H. PrEP Choices

[If E4, F12 = Daily oral PrEP then H1-H2]

[If E4, F12 = Intermittent oral PrEP then H3-H4]

[If E4, F12 = Injectable PrEP then H5-H6]

[If E4, F12 = Other or Don't know then H13]

[If G12 = Daily oral PrEP then H7-H8]

[If G12= Intermittent oral PrEP then H9-H10]

[If G12= Injectable PrEP then H11-H12]

[If G12 = Other or Don't know then H13]

H1. 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=H2, otherwise H13]

H2. 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.

- o [Answers from H1] rank order list

-----  
H3. Why have you chosen to use 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=H4, otherwise Section H13]

H4. 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 H3] rank order list

-----  
H5. 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=H6, otherwise Section H14]

H6. 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 H5] rank order list

H7. 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=H8, otherwise H13]

H8. 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 H7] rank order list

-----  
H9. 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=H10, otherwise Section H13]

H10. 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 H9] rank order list

H11. 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=H12, otherwise Section H14]

H12. 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 H11] rank order list

[If E4,, F12 = Injectable PrEP then Skip to H14]

H13. 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 E4,, F12 = Intermittent PrEP then Skip to Section I]

H14. 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

## I. PREP ADHERENCE AND BARRIERS

[If E4,, F12 = Daily oral PrEP then I1-I5]

[If E4,, F12 = Intermittent oral PrEP then I6-I10]

[If E4,, F12 = Injectable PrEP then I11-I17]

[If G12, = Daily oral PrEP then I5]

[If G12, = Intermittent oral PrEP then I10]

[If G12, = Injectable PrEP then I17]

[ALL PARTICIPANTS SHOULD ANSWER I18 REGARDLESS OF PREP USE]

I1. In the past 7 days, how many days did you take PrEP?

Text box: 1-7

I2. 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

I3. What has gotten in the way of you taking your PrEP on a daily basis? (Choose all that apply)

- o I have not had any trouble taking my regular PrEP doses
- o Couldn't get my pills at the drug store or pharmacy
- o Ran out of my prescription and never started again
- o Did not have health insurance to pay for the prescriptions
- o Made me sick to my stomach or tasted bad
- o Forgot to take my pill
- o I got a headache, rash, or other physical symptom
- o It got in the way of my daily 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 pills 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 take them
- o Nowhere to keep the pills at school or work

- o Didn't understand why I had to take the pills
- o I kept getting sick even when I did take the pills
- o Taking it reminded me of HIV
- o Other, please specify
- o Don't know

[Selected multiple options=I4, otherwise I5]

I4. 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 I3] rank order list

I5. 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 I18]

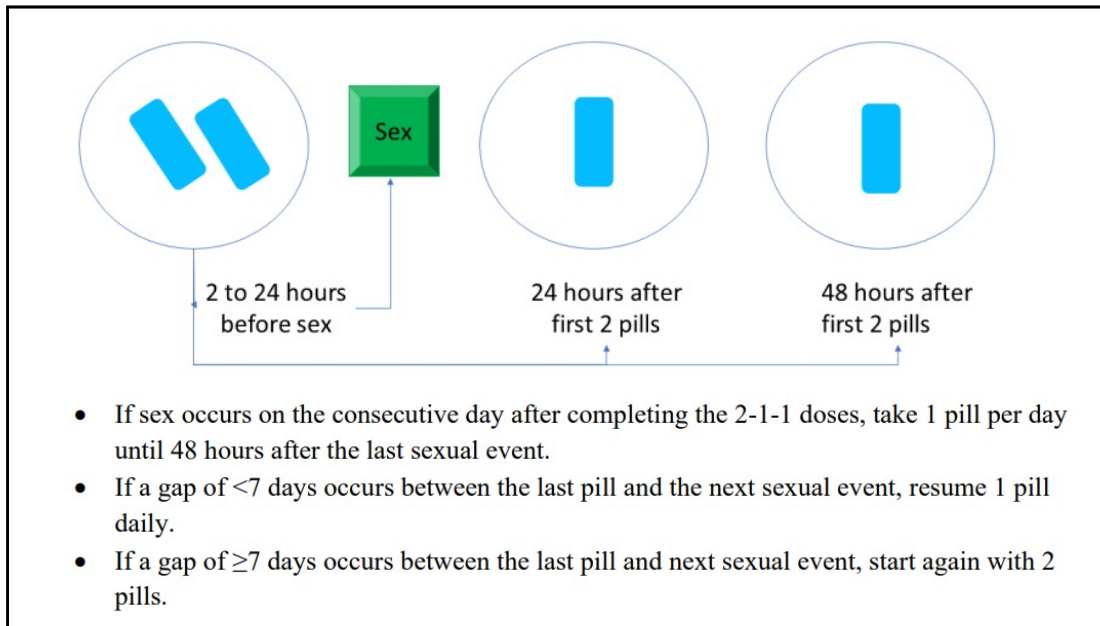
I6. In the past 3 months, what percent of the time did you take your full dose of intermittent PrEP as prescribed (i.e., before & after any condomless anal sex)? A full dose includes the pills taken before sex and after sex as in the figure. Use the scale below. 0% would mean 'NONE' of the time and 100% would mean 'ALL' of the time. If you are unsure, make a guess.

% medication taken:

0 \_\_\_\_\_ [ ] \_\_\_\_\_ 100

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

Figure.



[IF I6 =100%, skip to I10]

17. 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%]

- o Did not take any of the 4 pills: \_\_\_\_%
- o Took 1 of the 4 pills: \_\_\_\_%
- o Took 2 of the 4 pills: \_\_\_\_%
- o Took 3 of the 4 pills: \_\_\_\_%

18. 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)

- o I have not had any trouble taking my PrEP doses
- o Couldn't get my pills at the drug store or pharmacy
- o Ran out of my prescription and never started again
- o Forgot to take my pills before sex
- o Forgot to take my pills after sex
- o Didn't know I was going to have sex and I didn't have any PrEP with me
- o Didn't think I needed to take all the pills
- o Did not have health insurance to pay for the prescriptions
- o Made me sick to my stomach or tasted bad
- o I got a headache, rash, or other physical symptom
- 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 pills 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 take them
- o Nowhere to keep the pills at school or work
- o Didn't understand why I had to take the pills
- o I kept getting sick even when I did take the pills
- o Taking it reminded me of HIV
- o Other, please specify
- o Don't know

[Selected multiple options=I9, otherwise I10]

I9. 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 I8] rank order list

I10. 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 I18]

I11. When was the date of your last PrEP injection? (If exact date is unknown, then use the 1<sup>st</sup> of the month of injection).

\_\_\_\_dd/mm/yyyy\_\_\_\_

I12. When is the date of your next PrEP injection? (If exact date is unknown, then use the 1<sup>st</sup> of the month of injection).

\_\_\_\_dd/mm/yyyy\_\_\_\_



I13. Have you ever gone more than 2 months between PrEP injections?

[Yes=I14, otherwise I15]

- ☐ No
- ☐ Yes
- ☐ Don't know

I14. 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]

I15. 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
- ☐ Couldn't get an injection appointment
- ☐ Appointment location was too far away or couldn't get transportation
- ☐ Dissatisfied with quality of clinic services
- ☐ Negative attitudes held by clinic staff
- ☐ Worried about paying for the injection
- ☐ Irritation at the injection site
- ☐ I had some other physical symptom
- ☐ Forgot to schedule or attend my appointment
- ☐ It got in the way of my 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 injections 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 get them
- ☐ Didn't understand why I had to get the injections
- ☐ I kept getting sick even when I did get the injections
- ☐ Getting them reminded me of HIV
- ☐ Other, please specify
- ☐ Don't know

[Selected multiple options=I16, otherwise I17]

I16. 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 I15] rank order list

I17. 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]

I18. 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) |            |              |                   |       |

## J. TECHNOLOGY USE AND ONLINE PARTNER SEEKING BEHAVIOR

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

J1. 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]

J2. Which of the following devices do you own? (Check all that apply)

[If cell phone then J4, if smartphone then J3, otherwise J4]

- o 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

J3. 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

J4. Do you regularly share your phone with one or more other people (such as a partner, family member, or friends)?

- ☐ Yes
- ☐ No

J5. 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

J6. 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=J8, otherwise J7]

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

J7. 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

- o 1 month or more
- o Other, please specify
- o Don't know

J8. 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.)                |       |        |           |       |

J9. What are the 3 social media platforms you use most often?

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

J10. [Ybarra scale] In the past 12 months, have you searched online for any of the following topics for yourself? (Check all that apply)

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

J11. 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.                              | ( )            | ( )   | ( )                        | ( )      | ( )               |

#### K. RELATIONSHIPS AND SEXUAL HEALTH PRIORITIES

K1. How do you define your primary relationship status? [Routing question, may not skip]

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

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.

K2. 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 |  |  |  |  |  |
|-------------------------------------------------------|--|--|--|--|--|

## L. 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.

L1. **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 N]

[If NumSexPartner = 1 then M2-M5]

[If NumSexPartner > 1 then M6-M9]

[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**.

L2. **In the past 3 months**, did you have **receptive anal sex** with this person (you were the bottom)? [ReceptiveAI]

[Yes = L3, otherwise L10]

- ☐ Yes
- ☐ No
- ☐ Don't know

L3. About this person, did they put their penis in your rectum **without a condom**?

[ReceptiveAINoCondom]

- ☐ Yes
- ☐ No
- ☐ Don't know

L4. 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

L5. Was this person using PrEP? [OneRecAIPrep]

- ☐ Yes
- ☐ No
- ☐ Don't know

[Skip to L10]

-----

L6. 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 L7, otherwise L14]

L7. Of these [ReceptiveAI] people, how many put their penises in your rectum **without a condom**? \_\_\_\_ [ReceptiveAINoCondom] (Range 0-[ReceptiveAI]) (fill-in)

L8. 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]

L9. To your knowledge, how many of these people were taking PrEP? [MultRecAIPrep] \_\_\_\_  
 (range 0-[ReceptiveAI]) (fill-in)

[Skip to L14]

-----

[ANAL INSERTIVE]

[If NumSexPartner = 1 then L10-L13]

[If NumSexPartner > 1 then L14-L17]

L10. 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 = L11, otherwise L22]

- ☐ Yes
- ☐ No
- ☐ Don't know



L11. About this person, did you put your penis in their rectum **without a condom**?

[InsertiveAlNoCondom]

- ☐ Yes
- ☐ No
- ☐ Don't know

[If answered L4, skip to L13]

L12. Regarding this person... [OneRecAlHIVStatus]

- ☐ 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 L5, skip to L18]

L13. Was this person using PrEP? [OneRecAlPrep]

- ☐ Yes
- ☐ No
- ☐ Don't know

[Skip to L18]

-----  
L14. 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)? [InsertiveAl] \_\_\_\_ (range 0-[NumSexPartner]) (fill-in) [If >0 then L15, otherwise L22]

L15. Of these [InsertiveAl] people, how many of their rectums did you put your penis into **without a condom**? \_\_\_\_ [InsertiveAlNoCondom] (range 0-[InsertiveAl]) (fill-in)

L16. Of the [InsertiveAl] 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 [InsertiveAl]).

- ☐ 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) [MultInsAlHIVTotal] This number must be the sum of the previous 3 responses, and should tally as the answers are populated. Validate that [MultInsUAlHIVTotal] = [InsertiveAl]

L17. To your knowledge, how many of these people were taking PrEP?

[MultRecAlPrep] \_\_\_\_ (range 0-[InsertiveAl]) (fill-in)

[Skip to L22]

-----

[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 L18-L21]

[If NumSexPartner > 1 then L22-L25]

L18. **In the past 3 months**, did you have **vaginal sex** with this person (did you put your penis in their vagina)? [VI]

[Yes = L19, otherwise ]

- ☐ Yes
- ☐ No
- ☐ Don't know

L19. About this person, did you put your penis in their vagina **without a condom**?

[InsertiveVINoCondom]

- ☐ Yes
- ☐ No
- ☐ Don't know

L20. 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

L21. Was this person using PrEP? [OneRecAIPrep]

- ☐ Yes
- ☐ No
- ☐ Don't know

[Skip to routing before L26]

-----

L22. **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 L23, otherwise routing before L26]

L23. Of these [InsertiveVI] people, how many of their vaginas did you put your penis into **without a condom**? \_\_\_\_ [InsertiveVINoCondom] (range 0-[InsertiveAI]) (*fill-in*)

L24. 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]

L25. To your knowledge, how many of these people were taking PrEP?  
[MultRecVIPrep] \_\_\_\_\_ (range 0-[InsertiveVI]) *(fill-in)*

**[If L2 = NO, L6 = 0, L10 = LO, L14 = 0 then no anal sex reported, skip to L27]**

L26. 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?

L27. 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

L28. 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

## M. 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.

M1. Which of the following drugs have you used in the past 3 months (non-medical use only)? (Choose all that apply)

[If None then skip to Section P]

- ☐ 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

M2. In the past three months, how often have you used... [only pipe in substances from above]

[If all Never then skip to N]

|  |       |         |         |        |          |
|--|-------|---------|---------|--------|----------|
|  | Never | Once or | Monthly | Weekly | Daily or |
|--|-------|---------|---------|--------|----------|

|                                                                                                   |  |       |  |  |              |
|---------------------------------------------------------------------------------------------------|--|-------|--|--|--------------|
|                                                                                                   |  | twice |  |  | 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                                                                             |  |       |  |  |              |

M3. 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                                                                             |       |               |         |        |                       |

M4. 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                                                                             |       |               |         |        |                       |

M5. 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                       |  |  |  |  |  |

M6. 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                                                                             |           |                           |                                   |

M7. 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, GHB, etc.) |           |                           |                                   |
| Hallucinogens (LSD, acid, mushrooms, PCP,                                                         |           |                           |                                   |

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

M8. 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 M2 = Never then skip to Section N]

M9. **During the past 30 days**, did you use [pipe in substances ever used] immediately before or during sex? (Check all that apply.) [SexOnDrugs]

|                                                                                                   | No,<br>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                                                                             |              |     |

## N. MENTAL HEALTH

Depression

PHQ-2/GAD-2 screener

N1. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

|                                             | Not at<br>all<br>(0) | Several<br>days<br>(1) | More than half the<br>days<br>(2) | Nearly every<br>day<br>(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  $\geq 3$  on items 1 & 2 (PHQ-2) complete remaining 6 items of the PHQ-8.

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

### PHQ-8

N2. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

|                                                                                                                                                                           | Not at all<br>(0) | Several days<br>(1) | More than half the days<br>(2) | Nearly every day<br>(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

N3. Over the **past 2 weeks**, how often have you been bothered by any of the following problems:

|                                                    | Not at all<br>(0) | Several days<br>(1) | More than half the days<br>(2) | Nearly every day<br>(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? |                   |                     |                                |                         |

## O. EVERYDAY DISCRIMINATION

O1. 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 P]

|                                                                        | 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.                                        |              |                      |                     |                    |                       |       |

O2. What do you think are the main reasons for why you experienced this discrimination?  
(Choose all that apply)

- ☐ Your ancestry or national origins
- ☐ Your sex
- ☐ 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

O3. How hard was it to bounce back when you experienced discrimination due to your: [for each selected item above]

- ☐ Very easy
- ☐ Easy
- ☐ Hard
- ☐ Very hard

## P. SOCIAL SUPPORT AND ISOLATION

### Emotional support

P1. 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

P2. 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

P3. 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

P4. Please respond to each statement:

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

---

#### Q. MCHOICE APP SATISFACTION [Skip this section at the 18-month follow up assessment]

##### Q1. PSSUQ Questionnaire

On a scale between strongly agree (1) to strongly disagree (7), please rate the following statements.

|                                                                           | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------------------------------------------------------------------------|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with how easy it is to use the CleverCap App.  |   |   |   |   |   |   |   |
| 2. It was simple to use the CleverCap App.                                |   |   |   |   |   |   |   |
| 3. I was able to access PrEP information quickly using the CleverCap App. |   |   |   |   |   |   |   |

|                                                                                                                                  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| 4. I felt comfortable using the CleverCap App.                                                                                   |  |  |  |  |  |  |  |
| 5. It was easy to learn to use the CleverCap App.                                                                                |  |  |  |  |  |  |  |
| 6. I believe I could become better at taking my PrEP dose on a regular schedule using the CleverCap App.                         |  |  |  |  |  |  |  |
| 7. When I didn't know how to do something on the CleverCap App, I knew where I could ask for help.                               |  |  |  |  |  |  |  |
| 8. Whenever I made a mistake using the CleverCap App, I could recover easily and quickly.                                        |  |  |  |  |  |  |  |
| 9. The information (such as online help, on-screen messages, and other documentation) provided with the CleverCap App was clear. |  |  |  |  |  |  |  |
| 10. It was easy to find the information I needed on the CleverCap App.                                                           |  |  |  |  |  |  |  |
| 11. The information on the CleverCap App was effective in helping me become more knowledgeable about my overall sexual health.   |  |  |  |  |  |  |  |
| 12. The organization of information on the CleverCap App screens was clear.                                                      |  |  |  |  |  |  |  |
| 13. The interface of the CleverCap App was pleasant.                                                                             |  |  |  |  |  |  |  |
| 14. I liked using the interface of the CleverCap App.                                                                            |  |  |  |  |  |  |  |
| 15. The CleverCap App has all the functions and capabilities I expect it to have.                                                |  |  |  |  |  |  |  |
| 16. Overall, I am satisfied with the CleverCap App.                                                                              |  |  |  |  |  |  |  |

## Q2. Health-IT Usability Evaluation

Please rate the following statements.

1= Strongly disagree

2= Somewhat disagree

3= Neither agree nor disagree

4= Somewhat agree

5= Strongly agree

|                                                                                   | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------------------------------------------------------|---|---|---|---|---|
| 1. I think that the CleverCap App has been helpful.                               |   |   |   |   |   |
| 2. I think that the CleverCap App has been easy to navigate.                      |   |   |   |   |   |
| 3. The CleverCap App is an important part of my daily routine.                    |   |   |   |   |   |
| 4. Using the CleverCap App makes it easier to take PrEP on a consistent schedule. |   |   |   |   |   |
| 5. Using the CleverCap App enables me to track my use of PrEP more quickly.       |   |   |   |   |   |

|                                                                                                                                  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 6. Using the CleverCap App makes it more likely that I can take my PrEP prescription.                                            |  |  |  |  |  |
| 7. Using the CleverCap App is useful for receiving PrEP reminders.                                                               |  |  |  |  |  |
| 8. I think that the CleverCap app presents a more equitable process for gathering information on PrEP.                           |  |  |  |  |  |
| 9. I am satisfied with the CleverCap App for tracking my use of PrEP.                                                            |  |  |  |  |  |
| 10. I take my PrEP in a timely manner because of the CleverCap App.                                                              |  |  |  |  |  |
| 11. Using the CleverCap App increases my PrEP adherence.                                                                         |  |  |  |  |  |
| 12. I am able to remember to take my PrEP regimen whenever I use the CleverCap App.                                              |  |  |  |  |  |
| 13. I am comfortable with my ability to use the CleverCap App.                                                                   |  |  |  |  |  |
| 14. Learning to operate the CleverCap App was easy for me.                                                                       |  |  |  |  |  |
| 15. It is easy for me to become skillful at using the CleverCap App.                                                             |  |  |  |  |  |
| 16. I find the CleverCap App easy to use.                                                                                        |  |  |  |  |  |
| 17. I can always remember how to log on to and use the CleverCap App.                                                            |  |  |  |  |  |
| 18. The CleverCap App gives error messages if I forget to save updated information on the app.                                   |  |  |  |  |  |
| 19. Whenever I make a mistake using the CleverCap App, I recover easily and quickly.                                             |  |  |  |  |  |
| 20. The information (such as on-line help, on-screen messages and other documentation provided with the CleverCap App) is clear. |  |  |  |  |  |

That concludes our survey! Thank you for participating!

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