**Thank you for agreeing to help us. For the questions we are about to ask you, please give us your honest answers. There are *no* *particular* answers we are looking for. We are interested in *your* *actual* opinions and experiences. At times, we will ask some personal questions. Remember that your answers are completely confidential. No one you know will ever see them and your name will never be linked to this project. If you feel uncomfortable answering any question, feel free to skip it. We want to know your opinions and experiences, but we also want you to be comfortable telling us. Your participation in this survey is voluntary. If you change your mind and decide you do not want to take part in this, you do not have to.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PART I: DEMOGRAPHICS \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**SELF-ADMINISTERED**

|  |  |  |
| --- | --- | --- |
| 1. **How old are you? [Enter Number]** | | |
| 1. **When is your birthday? [Enter DOB]** | | |
| 1. **Do you consider yourself Hispanic or Latino?** | | |
|  | ➀ | Yes |
|  | ➁ | No |

|  |  |  |
| --- | --- | --- |
| 1. **Which best describes your race or ethnicity?** | | |
|  | ➀ | Black/African American |
|  | ➁ | White |
|  | ➂ | Asian American / Pacific Islander |
|  | ➃ | Native American |
|  | ➅ | Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | -99 | REF |
|  | -98 | Don’t know |

|  |  |  |
| --- | --- | --- |
| 1. **What is your current relationship status?** | | |
|  | ➀ | Single, never married |
|  | ➁ | Dating (involved with individual[s] but not in an exclusive, committed, or monogamous relationship) |
|  | ➂ | In a serious relationship (mutually monogamous) |
|  | ➃ | In a serious relationship (non-monogamous) |
|  | ➄ | Cohabitating with a partner |
|  | ➅ | Married |
|  | ➆ | Separated |
|  | ➇ | Divorced |
|  | ⑨ | Widowed |
|  | -99 | REF |
|  | -98 | Don’t know |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3.** | **What is your highest level of schooling or highest degree, certificate or license?** | | | | | |
|  | ➀ | Grade 0-992, Specify \_\_\_\_\_\_\_\_ (IF SAYS 12th GRADE ASK D3A) | | | | |
|  | ➁ | High School Degree or GED |  | | | |
|  | ➂ | Post-high school technical or vocational certificate or license |  | **D3A. Do you have a high school degree (or GED)?** | | |
|  | ➃ | Some college (no degree) |  |  | ➀ | Yes |
|  | ➄ | Associate’s degree (2-yr college degree, AA or AS) |  |  | ➁ | No |
|  | ➅ | Bachelor’s degree (4-yr college degree, BA or BS) |  |  | -99 | REFUSED |
|  | ➆ | Master’s degree | | | | |
|  | ➇ | Doctoral or graduate professional degree (MD, Law) | | | | |
|  | -99 | REF | | | | |
|  | -98 | Don’t know | | | | |

**4. Can you tell me your zipcode or, if you don’t know your zipcode, a major intersection near where you live?**

Zipcode \_\_\_\_\_\_\_\_\_\_ OR

East-West Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / North-South Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5.** | **Are you currently working full time, part time or not employed?** | | | | | |
|  | ➀ | Working full time | | | | |
|  | ➁ | Working part time |  | **5A. Are you currently on disability?** | | |
|  | ➂ | Not employed |  |  | ➀ | Yes |
|  | -99 | REFUSED |  |  | ➁ | No |
|  | -98 | Don’t know |  |  | -99 | REFUSED |
|  |  |  |  |  | -98 | Don’t know |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Yes | No | REF | DK |
|  | In the past six months, have you experienced loss of employment (e.g. fired, quit, laid off, etc.)? | ➀ | ➁ | -99 | -98 |
|  | In the past six months have you missed meals because you did not have enough money to eat? | ➀ | ➁ | -99 | -98 |
|  | In the past six months, have you had a major worsening of your financial status or major chronic financial problems? | ➀ | ➁ | -99 | -98 |
|  | In the past six months, have you changed your residence two or more times? | ➀ | ➁ | -99 | -98 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you currently have health insurance?** | NO | SKIP to 8 |  |  |
| YES | 1. **What kind of health insurance do you have?** | ➀ | A private health plan (through an employer, union, or purchased directly) |
|  |  |  | ➁ | Medicaid or Medical Assistance program or County Care (for people with low incomes) |
|  |  |  | ➂ | Medicare (for the elderly and people with disabilities) |
|  |  |  | ➃ | Military (TriCare) or VA coverage |
|  |  |  | ➄ | Some other health care plan |
|  |  |  | -99 | REF |
|  |  |  | -98 | DK |

|  |  |  |
| --- | --- | --- |
| 1. **Where have you spent most nights in the last month (30 days)?** | | |
|  | ➀ | Your own house or apartment |
|  | ➁ | A family member's house or apartment |
|  | ➂ | A romantic partner's house or apartment |
|  | ➃ | A friend's (non-relative) house or apartment |
|  | ➄ | A single resident occupancy (SRO) |
|  | ➅ | A shelter |
|  | ➆ | A group home |
|  | ➇ | A treatment center |
|  | ⑨ | In a jail, prison, or detention center |
|  | ⑩ | On the street, in a car, or outside |
|  | ⑪ | Other (please specify) |
|  |  | IF OTHER **Please describe your current living situation:** |
|  | -99 | REF |
|  | -98 | DK |

**The next questions are about your gender identity and sexual orientation.**

|  |  |  |
| --- | --- | --- |
| 1. **What sex were you assigned at birth, meaning on your original birth certificate? Was that male, female, or intersex?** | | |
|  | ➀ | Male |
|  | ➁ | Female |
|  | ➂ | Intersex |
|  | -99 | REF |
|  | -98 | DK |

|  |  |  |
| --- | --- | --- |
| 1. **What best describes your gender identity now?** | | |
|  | ➀ | Man |
|  | ➁ | Woman |
|  | ➂ | Transgender man / transman |
|  | ➃ | Transgender woman / transwoman |
|  | ➄ | Genderqueer / Gender non-conforming / gender creative / gender variant |
|  | ➅ | Other (please specify) |
|  |  | IF OTHER **Please describe your gender identity**: |
|  | -99 | REF |
|  | -98 | DK |

|  |  |  |
| --- | --- | --- |
| 1. **What best describes your sexual orientation?** | | |
|  | ➀ | Gay/ Same gender loving / Queer |
|  | ➁ | Bisexual |
|  | ➂ | Heterosexual / Straight |
|  | ➃ | Pansexual |
|  | ➄ | Asexual |
|  | ➅ | Other (please specify) |
|  |  | IF OTHER **Please describe your sexual orientation:** |
|  | -99 | REF |
|  | -98 | DK |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **In the past two years, with whom have you had sexual contact?** | | | | | | |
|  | Yes | No | REF | DK | N/A |  |
| Women | ➀ | ➁ | -99 | -98 |  |  |
| Transgender women | ➀ | ➁ | -99 | -98 |  |  |
| Men | ➀ | ➁ | -99 | -98 |  |  |
| Transgender men | ➀ | ➁ | -99 | -98 |  |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PART II: SOCIOGRAM \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**INTERVIEWER ADMINISTERED**

**Great, thank you. The purpose of the next part of the survey is to learn a little bit about of the people you share personal information with and who you can count on in a time of need. This information helps us to learn more about the types of social support you have in your life. If you are randomized to the PrEP-R intervention, we’ll also use this list to help you select a person to participate in the project with you. So, to start, let's make a list of their names. You can give me names, nicknames, initials or however you want to identify people. Again, these are the people in your life that you share personal information with and who you can count on in a time of need.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names (nicknames or initials okay):** | | | | |
|  |  | | 6. |  |
|  |  | | 7. |  |
|  |  | | 8. |  |
|  |  | | 9. |  |
|  |  | | 10. |  |
|  | | | | |
| **Number of Network**  **Members listed:** | |  | | |
|  | |  | | |
| **If participant lists fewer than five:** *Is there anyone else? Please think back to the last time or two when you talked with a friend or relative about important things in your life. Were any of them people you haven’t listed?* | | | | |
|  | | | | |
| **If participant lists more than five:** *Is there anyone else?* | | | | |
| *Ok so this is a good list for us to work with. For the next part of our activity, we’re going to focus on the first five people you listed. I’m going to ask you some questions about each of them. If you don’t know the answer or are uncomfortable with any question, just let me know and we’ll move on.* | | | | |

***So let’s start with [NAME 1]. Using the hand cards I’ve given you, what is….***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **NAME:** |  |  |  |  |  |
| **RELATIONSHIP (H-A):** |  |  |  |  |  |
| **AGE:** |  |  |  |  |  |
| **RACE/ETHNICITY (H-B):** |  |  |  |  |  |
| **EDUCATION**  **(H-C):** |  |  |  |  |  |
| **WHERE DOES [NAME] LIVE?**  **(H-D)** |  |  |  |  |  |

**WHAT IS [NAME] GENDER IDENTITY?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Man |  | Man |  | Man |  | Man |  | Man |
|  | Woman |  | Woman |  | Woman |  | Woman |  | Woman |
|  | Transwoman |  | Transwoman |  | Transwoman |  | Transwoman |  | Transwoman |
|  | Transman |  | Transman |  | Transman |  | Transman |  | Transman |
|  | Genderqueer / Gender nonconforming |  | Genderqueer / Gender nonconforming |  | Genderqueer / Gender nonconforming |  | Genderqueer / Gender nonconforming |  | Genderqueer / Gender nonconforming |
|  | REF |  | REF |  | REF |  | REF |  | REF |

***Now I’m going to ask you some questions about each of the people you’ve listed. These questions are about how often you communicate, the types of information you share with each person, and any stress in your relationship. Let’s start with NAME 1.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **NAME:** |  |  |  |  |  |

**\*DOES [NAME] OWN A CELL PHONE?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | Yes |  | Yes |  | Yes |  | Yes |
|  | No |  | No |  | No |  | No |  | No |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

**In the last 3 MONTHS, how often has [NAME’S] cell phone number changed?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never |  | Never |  | Never |  | Never |  | Never |
|  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |
|  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |
|  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

**\*In the past 3 MONTHS, how many times has [NAME] moved?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never |  | Never |  | Never |  | Never |  | Never |
|  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |
|  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |
|  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

**HOW OFTEN DO YOU COMMUNICATE WITH [NAME]?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Every day |  | Every day |  | Every day |  | Every day |  | Every day |
|  | Several times a week |  | Several times a week |  | Several times a week |  | Several times a week |  | Several times a week |
|  | Once a week |  | Once a week |  | Once a week |  | Once a week |  | Once a week |
|  | Once every 2 weeks |  | Once every 2 weeks |  | Once every 2 weeks |  | Once every 2 weeks |  | Once every 2 weeks |
|  | Once a month |  | Once a month |  | Once a month |  | Once a month |  | Once a month |
|  | A couple times a year |  | A couple times a year |  | A couple times a year |  | A couple times a year |  | A couple times a year |
|  | Once a year |  | Once a year |  | Once a year |  | Once a year |  | Once a year |
|  | Less than once a year |  | Less than once a year |  | Less than once a year |  | Less than once a year |  | Less than once a year |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

**HOW EASY WOULD IT BE FOR [NAME] TO COME TO [NAME THIS LOCATION] FOR AT LEAST ONE VISIT?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very Easy |  | Very Easy |  | Very Easy |  | Very Easy |  | Very Easy |
|  | Easy |  | Easy |  | Easy |  | Easy |  | Easy |
|  | Not that easy |  | Not that easy |  | Not that easy |  | Not that easy |  | Not that easy |
|  | Not easy at all |  | Not easy at all |  | Not easy at all |  | Not easy at all |  | Not easy at all |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

**HOW LIKELY IS [NAME] TO BE AVAILABLE AND SUPPORTIVE OF YOU IN THE COMING YEAR?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very likely |  | Very likely |  | Very likely |  | Very likely |  | Very likely |
|  | Somewhat likely |  | Somewhat likely |  | Somewhat likely |  | Somewhat likely |  | Somewhat likely |
|  | Unlikely |  | Unlikely |  | Unlikely |  | Unlikely |  | Unlikely |
|  | Very unlikely |  | Very unlikely |  | Very unlikely |  | Very unlikely |  | Very unlikely |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

**\*IN THE LAST THREE MONTHS, HOW MANY TIMES HAS [NAME] BETRAYED YOUR TRUST?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never |  | Never |  | Never |  | Never |  | Never |
|  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |
|  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |
|  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

**The final set of questions is about the types of information the people you have listed share with you. As a reminder, all of your answers are confidential and you can skip any question.**

**\*DOES [NAME] KNOW THAT YOU HAVE SEX WITH MEN?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | Yes |  | Yes |  | Yes |  | Yes |
|  | No |  | No |  | No |  | No |  | No |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

**WHO DOES [NAME] HAVE SEX WITH?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Men |  | Men |  | Men |  | Men | |  | Men |
|  | Women |  | Women |  | Women |  | Women | |  | Women |
|  | Both |  | Both |  | Both |  | | Both |  | Both |
|  | Neither |  | Neither |  | Neither |  | | Neither |  | Neither |
|  | DK |  | DK |  | DK |  | | DK |  | DK |
|  | REF |  | REF |  | REF |  | | REF |  | REF |

**\*In the past 3 MONTHS, how MANy TIMES HAS [NAME’S] substance use negatively impacted THEIR life?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never |  | Never |  | Never |  | Never |  | Never |
|  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |
|  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |
|  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

**\*In the last year, how many times has [NAME] been detained by police or in jail for more than one night?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never |  | Never |  | Never |  | Never |  | Never |
|  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |  | 1-2 times |
|  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |  | 3-4 times |
|  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |  | 5+ times |
|  | DK |  | DK |  | DK |  | DK |  | DK |
|  | REF |  | REF |  | REF |  | REF |  | REF |

***Sometimes, it can be helpful to draw one’s social network and talk about who knows who, which will help us to pick a supportive person to join the study with you. What we’ll do below is make a diagram of all the people we just talked about and then see how they are all connected.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Person 1** |  |  |  |  |  |
| **Person 2** |  |  |  |  |  |
| **Person 3** |  |  |  |  |  |
| **Person 4** |  |  |  |  |  |
| **Person 5** |  |  |  |  |  |

**Great, this information is very helpful. We’re now going to find out if you’re randomized to receive the Project PrEP-R Intervention or not.**

**IF NOT RANDOMIZED: Okay, you’ve been randomly assigned to the control condition, so we’ll now finish your survey. After this, I’ll give you $40 in cash and we’ll set up an appointment for your next study visit. PROCEED TO PART III OF BASELINE SURVEY**

**IF RANDOMIZED: Okay, you’ve been randomly assigned to receive the PrEP-R Support Program. Next, we’re going to pick your support confidant and *finish the baseline survey.***

*So we’ve asked you a lot of questions about the people you listed. I’d like you to think about the person who you would like to participate with you in Project PreP-R. While you are doing that, I’m going to take a few minutes to review your responses from the sociogram. Then we’ll discuss who you want to have as your support person in Project PreP-R. This person should be someone you can rely on, trust, and believe would be the best person to help you attend appointments, adhere to your meds, if necessary, and help you to overcome any barriers you may encounter to stay fully engaged in your care.*

*So of the people we’ve talked about, who do you think would be the best person to participate with you in Project PreP-R*? *Remember, this is not only someone who participates with you in the program, but who can also support you in your care.*

|  |  |  |  |
| --- | --- | --- | --- |
| Index Selected SC: | Algorithm Selected: | Match? | |
|  |  |  | Yes [Abuse Screener] |
|  |  |  | No [Protocol] |

*Tell me a little about why you picked ­­­ as your partner for Project PreP-R? For example, what is it that makes them the person you want to support you in your care?*

**If it is a match with the algorithm:** *Great, so it seems to me that would be a good person to have participate with you in Project PreP-R. I’m going to ask you some more questions about your relationship with* . *These are questions that we ask everyone before we start the program.*

**PROCEED TO ABUSE/STRAIN SCREENER.**

**If it is not a match with the algorithm:** *So I can understand why you selected to participate in Project PreP-R with you. Like you just said,* [repeat some of the reasoning provided by index]. *But when looking back over your responses you noted that has* [note issues listed in questions].

**Concerns**: *It is very important to us that you participate in Project Prep-R with someone who…*

* **Moving/Changing of Phone Number/Substance Use/ Jail (STABILITY):** *is consistently supportive and available to you. The things you noted can sometimes interfere with someone’s ability to be that for another person.*
* **Betrayal of trust:** *…has not betrayed your trust recently. We want you to feel confident in your relationship with this person that you will select, so that you are supported in the ways that you need.*
* **No cell phone:** *…owns a cell phone so that we can keep in touch with them to see if they are still available and supportive to you throughout the program. Also, a big component of Project PrEP-R focuses on your relationship with and we want to make sure that you have an easy way of contacting him/her.*
* **Coming into clinic:** *…is available and supportive to you, so that they can join you for your clinic visits.*

*I really want to respect your choice, but can you think of someone else who you might want to participate with you in Project PrEP-R?*

If participant cannot identify an additional person, prompt them with the Algorithm’s choice. *When I took a minute to review your responses,* [ALGORITHM CHOICE] *might also be a candidate. What do you think about them participating in Project PrEP-R with you*

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PART III: RESILIENCE \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Okay, we next have some questions about you and your thoughts, feelings, and behaviors. There are *no* *particular* answers that we are looking for. We are interested in *your* *actual* opinions and experiences. At times, we will ask some personal questions. Remember that your answers are completely confidential and you can you skip any question you don’t want to answer.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **In the next section, I will read you a set of statements. For each one, please tell me how often this is true for you. The responses are not true at all, rarely true, sometimes true, often true, or true nearly all the time.** | | | | | | | |
|  | Not true  at all | Rarely  True | Sometimes True | Often  True | True nearly all the time | DK | REF |
| 1. **The first statement is: You are able to adapt to change.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **You can deal with whatever comes your way.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **You can see the funny side of tough situations.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Coping with stress makes you feel stronger.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **When things go wrong, you bounce right back.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **You can achieve your goals, even if there are obstacles in your way.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **You can stay focused under pressure.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **You are *not* easily discouraged by failure.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **You think of yourself as a strong person.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **You can handle unpleasant feelings.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PART IV: SOCIAL SUPPORT \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**The next sets of questions are about the types of social support you have in your life.**

1. **About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)?**

|  |  |
| --- | --- |
| Write in number of close friends: | |\_\_\_\_\_|\_\_\_\_\_| |
|  |  |
| Write in number of close relatives: | |\_\_\_\_\_|\_\_\_\_\_| |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? The responses are none of the time, a little of the time, some of the time, most of the time, or all of the time.** | | | | | | | |
|  | None of the time | A little of the time | Some of the time | Most of the time | All of the time | DK | REF |
| 1. **Someone to help you if you were confined to bed** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone you can count *on* to listen to you when you need to talk** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to give you good advice about a crisis** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to take you to the doctor if you needed it** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone who shows you love and affection** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to have a good time with** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to give you information to help you understand a situation** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to confide in or talk to about yourself or your problems** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone who hugs you** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to get together with for relaxation** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to prepare your meals if you were unable to do it yourself** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone whose advice you really want** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to do things with to help you get your mind off things** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to help with daily chores if you were sick** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to share your most private worries and fears with** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to turn to for suggestions about how to deal with a personal problem** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to do something enjoyable with** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone who understands your problems** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Someone to love and make you feel wanted** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |

|  |  |  |
| --- | --- | --- |
| 1. **Are you part of the House-Ball Community in Chicago?** | | |
|  | A | Yes |
|  | B | No |
|  | -99 | REF |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all close | Not very close | Somewhat close | Very close | DK | REF |
| 1. **How close are you to the House-Ball community in Chicago?** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |

|  |  |  |
| --- | --- | --- |
| 1. **Are you part of any of the (gay) families of Chicago?** | | |
|  | A | Yes |
|  | B | No |
|  | -99 | Refused |

**\*\*\*\*\*\*\*\*\* PART V: CENTER FOR EPIDEMIOLOGIC STUDIES SHORT DEPRESSION SCALE \*\*\*\*\*\*\*\*\***

**(CES‐D-R10)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Next, I’m going to ask you about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past two weeks?** | | | | | | |
|  | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | All of the time (5-7 days) | DK | REF |
| 1. **You were bothered by things that usually don't bother me.** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **You had trouble keeping my mind on what you were doing.** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **You felt depressed** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **You felt that everything you did was an effort** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **You felt hopeful about the future** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **You felt fearful** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **Your sleep was restless** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **You were happy** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **You were lonely** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **You could not “get going.”** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PART VI: GENERALIZED ANXIETY DISORDER 7-ITEM \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Over the last 2 weeks, how often have you been bothered by the following problems?** | | | | | | |
|  | Not at all | Several days | More than half the days | Nearly everyday | DK | REF |
| 1. **Feeling nervous, anxious or on edge** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **Not being able to stop or control worrying** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **Worrying too much about different things** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **Trouble relaxing** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **Being so restless that it is hard to sit still** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **Becoming easily annoyed or irritable** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **Feeling afraid as if something awful might happen** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PART VII: CRIMINAL-LEGAL INVOLVEMENT ITEMS \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Have you attended any political rallies such as police brutality demonstrations or protests?** | YES | 1. **What were the issues that the rallies supported?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| NO |  | REF | -99 |
| REF | -99 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Now I am going to read a list of ways people are often touched by the legal or criminal justice system. For each one, please tell me if this has ever happened to you.** | | | | |
| 1. **Have you ever been stopped by the police?** | YES | 1. **How many times in your lifetime?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| NO | SKIP TO Q3 | DK | -98 |
| REF | -99 | REF | -99 |
|  |  |  |  | |
| 1. **Have you ever been arrested by the police?** | YES | 1. **How many times in your lifetime?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| NO | SKIP TO Q5 | DK | -98 |
| REF | -99 | REF | -99 |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **Did you ever spend any time being held at a police station?** | YES | 1. **How many times in your lifetime?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| NO | SKIP TO Q7 | DK | -98 |
| REF | -99 | REF | -99 |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **Did you ever spend any time in a jail, juvenile detention center, or prison?** | YES | 1. **How many times in your life time?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| NO | SKIP TO NEXT QUESTION | DK | -98 |
| REF | -99 | REF | -99 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For the following questions, please identify a time you were stopped by the police in the past year; pick a time where the details stand out to you.** | | | | | | |
| **In thinking about that incident, please let me know if you strongly agree, agree, disagree, or strongly disagree with the following statement:** | | | | | | |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | DK | REF |
| 1. **The police had a legitimate reason to stop you.** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Did the police…** | | |  |  |  |
|  | Yes | No |  | DK | REF |
| 1. **Ask your name and/or ask for some form of identification?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Frisk or pat you down?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Search your bags or your car?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Bully or intimidate you?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Treat you disrespectfully?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Use harsh or insulting language?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Threaten to use physical force?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Actually use physical force?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Handcuff you?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Take out a weapon, such as a gun, a club or a taser, and/or threaten to use a weapon?** | ➀ | ➁ |  | -98 | -99 |
| 1. **Take you to the police station and/or arrest you?** | ➀ | ➁ |  | -98 | -99 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To what degree did you feel the following emotions:** | | | | | | |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | DK | REF |
| 1. **I felt satisfied.** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **I felt safe.** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **I felt scared.** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |
| 1. **I felt angry.** | ➀ | ➁ | ➂ | ➃ | -98 | -99 |

**\*\*\*\*\*\* PART VIII: ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST \*\*\*\*\***

**(ASSIST)**

**In the next section, I am going to ask you some questions about your experiences with substance use and sexual behaviors in the past 3 months, that is from about** [FILL IN FROM CHART BELOW] **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IF IT IS NOW | THEN SAY |  | IF IT IS NOW | THEN SAY |
| MAY 2017 | **February 2017** |  | JAN 2018 | **October 2017** |
| JUNE 2017 | **March 2017** |  | FEB 2018 | **November 2017** |
| JULY 2017 | **April 2017** |  | MARCH 2018 | **December 2017** |
| AUG 2017 | **May 2017** |  | APRIL 2018 | **January 2018** |
| SEPT 2017 | **June 2017** |  | MAY 2018 | **February 2018** |
| OCT 2017 | **July 2017** |  | June 2017 | **March 2018** |
| NOV 2017 | **August 2017** |  | July 2017 | **April 2018** |
| DEC 2017 | **September 2017** |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOBACCO (cigarettes, chewing tobacco, cigars, etc.)** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used tobacco? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NO, SKIP TO INHALANTS**  **IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used tobacco? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| **INHALANTS (nitrous, glue, petrol, paint thinner, etc.)** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used inhalants? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NO, SKIP TO HALLUCINOGENS**  **IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used inhalants? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| **HALLICINOGENS (LSD, acid, mushrooms, PCP, Special K, etc.)** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used hallucinogens? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NOT, SKIP TO ALCOHOL**  **IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used hallucinogens? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| **ALCOHOLIC BEVERAGES (beer, wine, spirits, etc)** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used alcohol? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NOT, SKIP TO IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used alcohol? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you had a strong desire or urge to use alcohol? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often has your use of alcohol led to health, social, legal or financial problems? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you failed to do what was normally expected of you because of your use of alcohol? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
|  | No, Never  Once or Twice | | Yes, in the past 3 months | | | Yes, but not in the past 3 months | | DK | REF |
| Has a friend or relative or anyone else ever expressed concern about your use of alcohol? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| Have you ever tried and failed to control, cut down or stop using alcohol? | ➀ | | ➁ | | | ➂ | | -98 | -99 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CANNABIS (marijuana, pot, grass, hash, etc.)** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used cannabis? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NOT, SKIP TO COCAINE**  **IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used cannabis? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you had a strong desire or urge to use cannabis? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often has your use of cannabis led to health, social, legal or financial problems? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you failed to do what was normally expected of you because of your use of cannabis? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
|  | No, Never  Once or Twice | | Yes, in the past 3 months | | | Yes, but not in the past 3 months | | DK | REF |
| Has a friend or relative or anyone else ever expressed concern about your use of cannabis? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| Have you ever tried and failed to control, cut down or stop using cannabis? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| **COCAINE (coke, crack, etc.)** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used cocaine? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NOT, SKIP TO AMPHETAMINE TYPE STIMULANTS**  **IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used cocaine? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you had a strong desire or urge to use cocaine? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often has your use of cocaine led to health, social, legal or financial problems? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you failed to do what was normally expected of you because of your use of cocaine? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
|  | No, Never  Once or Twice | | Yes, in the past 3 months | | | Yes, but not in the past 3 months | | DK | REF |
| Has a friend or relative or anyone else ever expressed concern about your use of cocaine? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| Have you ever tried and failed to control, cut down or stop using cocaine? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| **AMPHETAMINE TYPE STIMULANTS (speed, diet pills, ecstasy, etc.)** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used amphetamine type stimulants? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NOT, SKIP TO SEDATIVES OR SLEEPING PILLS**  **IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used amphetamine type stimulants? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you had a strong desire or urge to use amphetamine type stimulants? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often has your use of amphetamine type stimulants led to health, social, legal or financial problems? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you failed to do what was normally expected of you because of your use of amphetamine type stimulants? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
|  | No, Never  Once or Twice | | Yes, in the past 3 months | | | Yes, but not in the past 3 months | | DK | REF |
| Has a friend or relative or anyone else ever expressed concern about your use of amphetamine type stimulants? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| Have you ever tried and failed to control, cut down or stop using amphetamine type stimulants? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| **SEDATIVES OR SLEEPING PILLS (valium, serepax, rohypnol, etc.)** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used sedatives or sleeping pills? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NOT, SKIP TO OPIOIDS**  **IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used sedatives or sleeping pills? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you had a strong desire or urge to use sedatives or sleeping pills? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often has your use of sedatives or sleeping pills led to health, social, legal or financial problems? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you failed to do what was normally expected of you because of your use of sedatives or sleeping pills? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
|  | No, Never  Once or Twice | | Yes, in the past 3 months | | | Yes, but not in the past 3 months | | DK | REF |
| Has a friend or relative or anyone else ever expressed concern about your use of sedatives or sleeping pills? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| Have you ever tried and failed to control, cut down or stop using sedatives or sleeping pills? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| **OPIOIDS (heroin, morphine, methadone, codeine, etc.)** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used opioids? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NOT, SKIP TO OTHER SUBSTANCES**  **IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used opioids? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you had a strong desire or urge to use opioids? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often has your use of opioids led to health, social, legal or financial problems? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you failed to do what was normally expected of you because of your use of opioids? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
|  | No, Never  Once or Twice | | Yes, in the past 3 months | | | Yes, but not in the past 3 months | | DK | REF |
| Has a friend or relative or anyone else ever expressed concern about your use of opioids? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| Have you ever tried and failed to control, cut down or stop using opioids? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| **OTHER SUBSTANCES** | | | | | | | | |  |
|  | No | Yes | |  |  | |  | DK | REF |
| In your life, have you ever used other substances? | ➀ | ➁ | |  |  | |  | -98 | -99 |
| **IF NOT, SKIP TO NEXT INJECTION**  **IF YES, THREE MONTH USE** | | | | | | | | |  |
|  | Never | Once or Twice | | Monthly | Weekly | | Daily or Almost Daily | DK | REF |
| In the past three months, how often have you used other substances? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you had a strong desire or urge to use other substances? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often has your use of other substances led to health, social, legal or financial problems? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
| During the past three months, how often have you failed to do what was normally expected of you because of your use of other substances? | ➀ | ➁ | | ➂ | ➃ | | ➄ | -98 | -99 |
|  | No, Never | | Yes, in the past 3 months | | | Yes, but not in the past 3 months | | DK | REF |
| Has a friend or relative or anyone else ever expressed concern about your use of other substances? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| Have you ever tried and failed to control, cut down or stop using other substances? | ➀ | | ➁ | | | ➂ | | -98 | -99 |
| **INJECTION** | | | | | | | | |  |
|  | No, Never | | Yes, in the past 3 months | | | Yes, but not in the past 3 months | | DK | REF |
| Have you ever used any drug by injection? (NON-MEDICAL USE ONLY) | ➀ | | ➁ | | | ➂ | | -98 | -99 |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PART IX: GLOBAL SEXUAL RISK ITEMS \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Not in the original ARBA, but inspired by the ARBA**

**Revised for YMSM (NP = Not to programmer, not seen by participant)**

**The next questions are about your sexual experiences with other people. Specifically, I will ask you about vaginal sex and anal sex with men, women, transgender women, and transgender men. When I say “vaginal sex,” I mean when a person inserts their penis into somebody else’s vagina. By “anal sex,” I mean when a person inserts their penis into someone else’s anus or rectum. Please remember that your responses to these questions will be kept confidential and that no one you know will ever see them. You may choose to skip any question that makes you feel uncomfortable.**

*This part of the survey will ask you about sex. We will use the medical words that refer to your specific anatomy—words like penis, anus, and vagina. These may not be the words you use. It is important for this research project that we use words that are clear so that everyone understands what question we are asking. We don’t want to disrespect you.*

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

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

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

**[NP: Note that for ARBA1, we need the participant’s response (see below placeholder, “3m”) coded so that it appears in subsequent questions that make reference to it. There are also other questions which make reference to previous responses, for example ARBA6 refers to the response to ARBA5, etc.]**

1. The next set of questions will be about the LAST 3 MONTHS. Please think back to this date (<3m>) and enter something you did or something your family did during that time to help you remember the last 3 months <\_\_\_\_\_\_\_\_\_\_\_\_>.

*When answering the next questions, please think about the time when you did this (<ARBA1>), around this date (<3m>), until today.*

|  |
| --- |
| **ANAL SEX** |

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

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

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

|  |  |  |
| --- | --- | --- |
| **ARBA2. Did you have anal sex in the last three months?** | YES |  |
| NO | SKIP ANAL SEX QUESTIONS |
| REF | -99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | DK | REF |
| **ARBA3.** **How many partners have you had anal (insertive or receptive) sex with in the past 3 months? This includes sex with or without a condom.** | 1. **Total number of anal sex partners** in past 3 months | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many of these partners were **HIV-positive**? (They told you they were HIV positive) | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many of these partners were **HIV-negative**? (They told you they were HIV negative) | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many of these partners were of **HIV unknown serostatus** (They did not tell you their HIV status)? | |\_\_\_|\_\_\_| | -98 | -99 |
| NP: The sum of questions b, c, and d should equal question a. Items ARBA3b, ARBA3c, and ARBA3d will appear on a separate page with the text, “Remember you said you had ARBA3a anal partners in the past 3 months.” | | | | |
|  | 1. With how many of these ARBA3a partners did you have anal sex with in exchange for things you needed (like money, drugs, food, shelter, etc.)?   Please enter 0 if you did not have anal sex in exchange for things you needed with any of these partners. | |\_\_\_|\_\_\_| | -98 | -99 |

**RECEPTIVE ANAL SEX**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | DK | REF |
| **ARBA4.** **In the past 3 months, how many times have you had receptive anal sex with these ARBA3a partners (**that is, this person put his or her penis in your anus or butt**)? This includes sex with or without a condom.** | 1. **Total number of times** had receptive anal sex in past 3 months   ***If “0” skip to next question*** | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. **How many times have you** had receptive anal sex in past 3 months **while under the influence of alcohol and/or drugs**   ***If “0” skip ARBA4d*** | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many times have you had **unprotected** receptive anal sex? (this person put his or her penis in your anus or butt and no condom was used—or a condom was used but only for part of the time)   ***If “0” skip to next question*** | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many times have you had **unprotected** receptive anal sex **while under the influence of alcohol and/or drugs?** (this person put his or her penis in your anus or butt and no condom was used—or a condom was used but only for part of the time) | |\_\_\_|\_\_\_| | -98 | -99 |
| NP: Items ABRA4b and ARBA4c will appear on a separate page with the text, “Of the ARBA4a times you had receptive anal sex….” Item ARBA4d will appear on a separate page with the text, “Of the ARBA4c number of times you have had unprotected receptive anal sex…” | | | | |

**INSERTIVE ANAL SEX (NP: Skip for those who do not have a penis)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | DK | REF |
| **ARBA5.** **In the past 3 months, how many times have you had insertive anal sex with these partners (**that is, you put your penis in his or her anus or butt**)? This includes sex with or without a condom.** | 1. **Total number of times** had insertive anal sex in past 3 months   ***If “0” skip to next question*** | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. **How many times have you** had insertive anal sex in past 3 months **while under the influence of alcohol and/or drugs**   ***If “0” skip ARBA5d*** | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many times have you had **unprotected** insertive anal sex? (you put your penis in his or her anus or butt and no condom was used—or a condom was used but only for part of the time)   ***If “0” skip to next question*** | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many times have you had **unprotected** insertive anal sex **while under the influence of alcohol and/or drugs?**(you put your penis in his or her anus or butt and no condom was used—or a condom was used but only for part of the time) | |\_\_\_|\_\_\_| | -98 | -99 |
| NP: Items ABRA5b and ARBA5c will appear on a separate page with the text, “Of the ARBA5a times you had insertive anal sex….” Item ARBA5d will appear on a separate page with the text, “Of the ARBA5c number of times you have had unprotected insertive anal sex…” | | | | |

|  |
| --- |
| **VAGINAL SEX** |

NP: If the participant reports being assigned intersex at birth and no gender affirming surgeries, they will not be asked any questions about vaginal sex.

*These next questions will be about vaginal sex. By “vaginal sex” we mean when a penis is put into someone else’s vagina. Remember your answers to these questions will be private. Please try your best to answer each question. Except where indicated, all questions about sex refer to sex you experienced because you wanted to, not because you were forced, coerced or otherwise made to have sex.*

|  |  |  |
| --- | --- | --- |
| **ARBA6. Did you have vaginal sex in the last three months?** | YES |  |
| NO | SKIP VAIGNAL SEX QUESTIONS |
| REF | -99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | DK | REF |
| **ARBA7.** **How many partners have you had vaginal (insertive or receptive) sex with in the past 3 months? This includes sex with or without a condom.** | 1. **Total number of vaginal sex partners** in past 3 months | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many of these partners were **HIV-positive**? (They told you they were HIV positive) | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many of these partners were **HIV-negative**? (They told you they were HIV negative) | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many of these partners were of **HIV unknown serostatus** (They did not tell you their HIV status)? | |\_\_\_|\_\_\_| | -98 | -99 |
| NP: The sum of questions b, c, and d should equal question a. Items ARBA7b, ARBA7c, and ARBA7d will appear on a separate page with the text, “Remember you said you had ARBA7a anal partners in the past 3 months.” | | | | |
|  | 1. With how many of these ARBA7a partners did you have vaignal sex with in exchange for things you needed (like money, drugs, food, shelter, etc.)?   Please enter 0 if you did not have anal sex in exchange for things you needed with any of these partners. | |\_\_\_|\_\_\_| | -98 | -99 |

**INSERTIVE VAGINAL SEX (NP: Skip for those who do not have a penis)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | DK | REF |
| **ARBA8.** **In the past 3 months, how many times have you had insertive vaginal sex with these ARBA7a partners (**that is, you put your penis in a partner’s vagina**)? This includes sex with or without a condom.** | 1. **Total number of times** had insertive vaginal sex in past 3 months   ***If “0” skip to next question*** | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. **How many times have you** had insertive vaginal sex in past 3 months **while under the influence of alcohol and/or drugs**   ***If “0” skip ARBA8d*** | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many times have you had **unprotected** insertive vaginal sex? (you put your penis in a partner’s vagina and no condom was used—or a condom was used but only for part of the time)   ***If “0” skip to next question*** | |\_\_\_|\_\_\_| | -98 | -99 |
| 1. How many times have you had **unprotected** insertive vaginal sex **while under the influence of alcohol and/or drugs?** (you put your penis in a partner’s vagina and no condom was used—or a condom was used but only for part of the time) | |\_\_\_|\_\_\_| | -98 | -99 |
| NP: Items ABRA8b and ARBA8c will appear on a separate page with the text, “Of the ARBA8a times you had insertive anal sex….” Item ARBA8d will appear on a separate page with the text, “Of the ARBA8c number of times you have had unprotected insertive anal sex…” | | | | |

|  |
| --- |
| **PARTNER HISTORY** |

1. Thinking about the LAST 3 MONTHS (from <3m> until <today>), please enter the initials of your LAST sexual partner (someone you’ve had anal or vaginal sex with). <\_ARBA13>

We’re going to ask you about your LAST partner, <ARBA13>.

1. What was the HIV status of this partner (<ARBA13>)?
2. He or she was HIV positive.
3. He or she was HIV negative.
4. I don’t know his/her HIV status. (skip to ARBA16)
   1. How did you find out about this partner’s HIV status?

1 He or she told me

2 I found out through another person

3 I assumed his/her HIV status

97 Other

* 1. Other, Please Specify” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you describe this partner, (<ARBA13>)’s race or ethnic background?

1 White (not Hispanic or Latino/a)

2 Black/ African American

3 Hispanic/ Latino/a

4 Asian or Pacific Islander

5 Native American

6 Other (Please Specify)

**ARBA16a: \_\_\_\_\_\_\_\_\_\_\_\_**

97 Multi-racial (Please Specify)

**ARBA16b: \_\_\_\_\_\_\_\_\_\_\_\_**

1. How would you describe your relationship with this partner, (<ARBA13>)?

1. Serious relationship (boyfriend/girlfriend), someone you dated for awhile and feel very close to.

2 Casually dating but not serious

3 Sleeping with this person (fuck buddy or booty call) but not dating

4 One night stand

5 Stranger or anonymous person

1. How long have you been with <ARBA13>?
2. Less than 1 month
3. 1 to 3 months
4. 4 to 6 months
5. 7 months to 11 months
6. 1 to 3 years
7. Over 3 years

1. How old was this partner, (<ARBA13>) when you first started having sex with him/her?

1 – He or she was younger than you

2 – You were the same age

3 – 1 to 2 years older than you

4 – 3 to 4 years older than you

5 – 5 to 9 years older than you

6 – 10 or more years older than you

1. How frequently did you drink alcohol before having anal or vaginal sex with this partner (<ARBA13>)?

1=Never

2=Less than half the time

3=About half the time

4=More than half the time

5=Always

1. How frequently did you use drugs before having anal or vaginal sex with this partner (<ARBA13>)?

1=Never

2=Less than half the time

3=About half the time

4=More than half the time

5=Always

1. What was this partner’s (<ARBA13>) gender?

1 – Male

2 – Female

3 – Transgender (male-to-female)

4 – Transgender (female-to-male)

1. *(NP: Only if participant has penis)* In the last 3 months, how many times did you have anal sex with this partner (<ARBA13>) with you as the top (you put your penis in his or her anus or butt)? [skip to ARBA24 if 0]
   1. You said you had anal sex with this partner, (<ARBA13>) with you as the top (<ARBA23>) times during the last 3 months. Thinking about those times, how many times did you use a condom during anal sex with you as the top?
2. *(NP: Only if partner has penis)* In the last 3 months, how many times did you have anal sex with this partner, (<ARBA13>) with you as the bottom (the partner put their penis in your anus or butt)? [skip to ARBA25 if 0]
   1. You said you had anal sex with this partner, (<ARBA13>) with you as the bottom (<ARBA24>) times during the last 3 months. Thinking about those times, how many times did you use a condom during anal sex with you as the bottom?
3. *(NP: Only if participant has penis and partner has vagina)* In the last 3 months, how many times did you have vaginal sex with this partner (<ARBA13>) with you as the top (you put your penis in his or her vagina)? [skip to ARBA26 if 0]
   1. You said you had vaginal sex with this partner (<ARBA13>) with you as the top (<ARBA25>) times during the last 3 months. Thinking about those times, how many times did you use a condom during vaginal sex with you as the top?

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PART X: HIV, STIs, and PrEP \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |
| --- | --- |
| 1. **The next questions concern whether or not you have even been told you had a sexually transmitted disease.**   **Have you ever been told by a doctor or a nurse that you had...** | |
|  | **Chlamydia** |
| ➀ | Yes |
| ➁ | No |
| -99 | REF |
|  | **Gonorrhea** |
| ➀ | Yes |
| ➁ | No |
| -99 | REF |
|  | **Syphilis** |
| ➀ | Yes |
| ➁ | No |
| -99 | REF |
|  | **Any other STIs?** |
| ➀ | Yes |
| ➁ | No |
| -99 | REF |
|  | If YES, which STIs have you been diagnosed with?  ENTER: |

**Now that we’ve talked about your sexual behavior, I want to ask you questions about HIV and different HIV prevention methods that people can use.**

1. **On a scale of 0 to 100, where 0 = not at all likely and 100 = I will definitely get HIV in my lifetime, how likely do you think it is that you will get HIV during your lifetime**

Enter Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pre-exposure prophylaxis (PrEP) is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. [PrEP is when HIV-negative people take anti-HIV medications (anti-retrovirals like Truvada) BEFORE HAVING SEX to prevent HIV infection]. When someone is exposed to HIV through sex or injection drug use, the pill can work to keep the virus from establishing a permanent infection. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%. PrEP is much less effective if it is not taken consistently.** | | | | |
|  | No | Yes | DK | REF |
| 1. **Before today, have you ever heard of PrEP (pre-exposure prophylaxis)?** | ➀ | ➁ | -98 | -99 |
| 1. **Are you currently taking anti-HIV medications (PrEP) to prevent HIV infection?** | ➀ | ➁ | -98 | -99 |
| 1. **Do you know anyone who is taking anti-HIV medications (PrEP) to prevent HIV infection?** | ➀ | ➁ | -98 | -99 |
| 1. **Have you ever heard of PEP (post-exposure prophylaxis)? PEP is when HIV-negative people take anti-HIV medications (anti-retrovirals) AFTER potentially being exposed to HIV in order to prevent infection.** | ➀ | ➁ | -98 | -99 |
| 1. **Have you ever taken anti-HIV medications (PEP) AFTER potentially being exposed to HIV?** | ➀ | ➁ | -98 | -99 |
| 1. **Do you know anyone who has taken anti-HIV medications AFTER potentially being exposed to HIV?** | ➀ | ➁ | -98 | -99 |

|  |  |
| --- | --- |
| 1. **Where did you hear about PrEP?** | |
| ➀ | A friend or family member |
| ➁ | A sex partner |
| ➂ | An HIV prevention counselor |
| ➃ | On a website |
| ➄ | At a community meeting |
| ➅ | From a poster or flyer |
| ➆ | Other (please specify) |
| -98 | DK |
| -99 | REF |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **People have different opinions about PrEP. Please indicate how much you agree or disagree with the following statements.** | | | | | | | |
|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | DK | REF |
| 1. **I think people should take PrEP.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **I think condoms are a better choice than PrEP.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **People who are on PrEP sleep around.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **People who are on PrEP are irresponsible.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Having sex with someone on PrEP is risky.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **People who are on PrEP are making a smart decision to protect their health.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **I would not trust someone who told me they were on PrEP.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **People who are on PrEP can’t control their sex drive.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **Many people on PrEP lie about whether or not they take it every day.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **People who are on PrEP are responsible.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **PrEP should only be given to people who are unable to make their partners use condoms.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **PrEP should be given to anyone who wants to take it for HIV prevention.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **The CDC cannot be trusted to tell gay communities the truth about PrEP** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |
| 1. **When it comes to PrEP, drug companies are lying and taking advantage of us.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **In the next set of questions, we want to know more about your own thoughts on PrEP. On a scale of 1 to 5, where 1 = not at all important and 5 = important, how important are the following in your decision to use PrEP:** | | | | | | | |
|  | Not at all important | Slightly Important | Moderately Important | Important | Very Important | DK | REF | |
| 1. **Concerns about the long-term effects of PrEP on my health.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns about side effects.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns that if I do become HIV positive , certain medicines won’t work because I was taking PrEP** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns that PrEP does not provide complete protection against HIV** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Having to take a pill everyday** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns that taking PrEP might make me more likely to have anal sex without a condom** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns that having to take PrEP means I am putting myself at risk for HIV** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns that PrEP might make my partner(s) expect me to have anal sex without a condom** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns that people will see me taking my PrEP medication and will want to know why I am taking it** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns that people will see me taking my PrEP medication and think I have HIV** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns about having to go to the doctor and pharmacy every three months to get my PrEP medication** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Having to talk to my doctor about my sex life** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Concerns that PrEP doesn’t protect against other sexually transmitted infections.** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Not having to pay for PrEP** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Access to free HIV testing** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Access to free sexual health care/monitoring while on PrEP** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Access to one-on-one counseling and support around PrEP use** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Access to text based support for PrEP use** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Access to support or counseling about my sex life** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Not having to go to my regular doctor to get PrEP** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Access to group-based adherence support for PrEP use** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Access to support or counseling about my mental health** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Access to support or counseling about employment** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |
| 1. **Access to support or counseling about housing** | ➀ | ➁ | ➂ | ➃ | ➄ | -98 | -99 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Next, we have a few questions about your experiences getting healthcare.** | | | | |
|  | No | Yes | DK | REF |
| 1. **In general, are you able to afford your healthcare?** | ➀ | ➁ | -98 | -99 |
| 1. **Do you have a regular healthcare provider or clinic to go to if you are sick?** | ➀ | ➁ | -98 | -99 |
| 1. **Have you ever been discriminated against based on your race or ethnicity when receiving medical care?** | ➀ | ➁ | -98 | -99 |
| 1. **Have you ever been discriminated against based on your sexual orientation when receiving medical care?** | ➀ | ➁ | -98 | -99 |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PART XI: VIOLENCE AND PTSD \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OK, now I would like to ask about you experiences with violence and other stressful events.** | | | | | | | |
|  |  |  | |  | |  |  |
| 1. **Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else?** *Examples of traumatic events include: serious accidents, sexual or physical assault, a terrorist attack, being held hostage, kidnapping, fire, discovering a body, sudden death of someone close to you, war, or natural disaster* | YES | | GO TO Q2 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  |
| NO | | SKIP TO NEXT ASSESSMENT | REF | -99 | |  |
| REF | | -99 |  |  | |  |
|  |  | | GO TO Q3 |  |  | |  |
| 1. **Did you respond with intense fear, helplessness or horror?** | YES | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  |
| NO | | SKIP TO NEXT ASSESSMENT | REF | -99 | |  |
| REF | | -99 |  |  | |  |
|  |  | |  |  |  | |  |
| 1. **During the past month, have you re-experienced the event in a distressing way** **(such as, dreams, intense recollections, flashbacks or physical reactions)?** | YES | | GO TO Q4 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  |
| NO | | SKIP TO NEXT ASSESSMENT | REF | -99 | |  |
| REF | | -99 |  |  | |  |
|  |  | |  |  |  | |  |
| **In the past month:** |  | |  |  |  | |  |
|  | Yes | | No | N/A | DK | | REF |
| 1. **Have you avoided thinking about or talking about the event(s)?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Have you avoided activities, places or people that remind you of the event(s)?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Have you had trouble recalling some important part of what happened?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Have you become much less interested in hobbies or social activities?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Have you felt detached or estranged from others?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Have you noticed that your feelings are numbed?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Have you felt that your life will be shortened or that you will die sooner than other people?** | ➀ | | ➁ | -4 | -98 | | -99 |
|  |  | |  |  |  | |  |
| **FOR INTERVIEWER: Are 3 or more answers coded?** | YES | | GO TO Q11 |
| NO | | SKIP TO NEXT ASSESSMENT |
|  |  | |  |  |  | | |
| **In the past month:** |  | |  |  |  | | |
|  | Yes | | No | N/A | DK | | REF |
| 1. **Have you had difficulty sleeping?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Were you especially irritable or did you have outbursts of anger?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Have you had difficulty concentrating?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Were you nervous or constantly on your guard?** | ➀ | | ➁ | -4 | -98 | | -99 |
| 1. **Were you easily startled?** | ➀ | | ➁ | -4 | -98 | | -99 |
|  |  | |  |  |  | |  |
| **FOR INTERVIEWER: Are 2 or more answers coded?** | YES | | GO TO Q16 |
| NO | | SKIP TO NEXT ASSESSMENT |
|  |  | |  |  |  | | |
|  | Yes | | No | N/A | DK | | REF |
| 1. **During the past month, have these problems significantly interfered with your work or social activities, or caused significant distress?** | ➀ | | ➁ | -4 | -98 | | -99 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OK, now I would like to ask about you the frequency and types of violence and other stressful events that you have experienced. Please answer with regards to number of times. Circle only one response for each question.** | | | | | | | | | |
|  | None / 0 times | 1 time | 2 times | 3 times | 4 times | 5 times | 6 or more times | DK | REF |
| 1. **Had a close relative or friend die violently** | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | -98 | -99 |
| 1. **Had a close relative or friend seriously injured because of violence** | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | -98 | -99 |
| 1. **Had a close relative or friend robbed or attacked** | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | -98 | -99 |
| 1. **Seen someone being beaten** | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | -98 | -99 |
| 1. **Been a victim of violence** | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | -98 | -99 |
| 1. **Seen a dead body not at a funeral** | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | -98 | -99 |
| 1. **Witnessed a gun related incident** | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | -98 | -99 |

**General Participant De-briefing**

**(1) Interviewer Script: “We’ve asked a lot of questions today about a variety of different topics.”**

**(2) How are you feeling after answering these questions?**

[Indicate Participant’s Response:]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Note: Interviewer, if you did not get enough information to determine if participant is distressed or upset, ask the following questions:]*

1. Are you feeling down or upset?

* **NO**
* **YES** *[If yes, ask participant question 2 below]*

2. Are you feeling that you might want to hurt yourself?

* **NO**
* **YES** *[If yes, complete Suicide: Critical Incident Procedure]*

# Suicide Assessment Script

Notes: Complete Suicide Assessment if participant indicates that he is very upset or disturbed after responding to the questionnaire.

1. Pay attention to adolescent’s affect while reading script to make sure affect cues match what he says
2. Plan of Action: Brief write-up of situation AND steps to be implemented. Plan of Action must be completed for imminent risk situations. POA is determined by Drs. Alida Bouris and John Schneider if imminent risk.

Instructions:

1. Complete disclosure script and determine if participant is in imminent risk
2. If imminent risk, inform Drs. Bouris and Schneider to confirm imminent risk).

**SCRIPT BEGINS ON NEXT PAGE**

**Disclosure Script for Participant**

At the beginning of this project you signed a consent form saying that you understand your responses will be kept confidential, unless some potential for danger or harm to self and/or others was identified. Following are some standard questions we are required to ask all prospective participants if they report feeling upset of disturbed anytime during or after answering the interview questions.

1. Are you currently having thoughts of hurting yourself?

* **NO, go to Question 4.**
* **YES, go to Question 2.**

1. Do you have a plan for hurting yourself?

* **NO, go to Question 4.**
* **YES, go to Question 3.**

1. Can you tell me more about what you were thinking of doing to hurt yourself?

**NOTE: If the participant indicates that they are going to jump in front of a bus/car/train or jump off a bridge or building they qualify for imminent risk.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3a). Do you have a weapon (insert: gun, knife, pills, etc.) to use for harming yourself? (i.e. If teen says he would use a gun, does he have access to a gun, etc.)

* NO
* **YES, qualifies for IMMINENT RISK-confer with Supervisor and make arrangements to call CLINICIAN ON CALL**

1. Have you tried to hurt yourself before?

Incident 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been hospitalized for a suicide attempt?

Incident 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does anyone know that you’ve been having these thoughts? If so, who?

Incident 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you currently have a therapist? If yes, does your therapist know that you’ve been having these thoughts?

Incident 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMMINENT RISK**

**IMMINENT RISK: participant is currently having these thoughts, has a plan to hurt self, has the means to follow through with plan or participant is very upset.**

Express to the participant: “Thank you for being honest with me about this. Your disclosure of wanting to hurt yourself suggest that you are reaching out for help and support. I need to discuss your case with my Supervisor and we may decide to get you the assistance you may be needing.”

Ask the participant: “If we do have to contact a clinical therapist**,** how would you feel about that?” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confer with Drs. Bouris and Schneider to develop a Plan of Action, and make sure someone stays with participant until Plan of Action is implemented. **Give hotline card to participant.**

IMMINENT risk (SITUATION):

1. Inform Drs. Bouris and Schneider to confirm imminent risk
2. Give hotline card to participant
3. Complete plan of action

**PLAN OF ACTION**

* Situation 2: **imminent risk is indicated**

Summarize risk assessment (clarify the risk(s) and how you determined the level of risk):

Clarify steps taken for the Plan of Action by staff members & any outside personnel (e.g., police, paramedic, 911, Hospital) involved: