



CHIWOS Paper Questionnaire
Version May 13 2014

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Section 1: Demographics and Socio-Economic Status

To be transposed by interviewer from the participant information database:

Participant's
Date of Birth:

- Don't know
→Age: _____ years
- Prefer not to answer

CHIWOS ID:

S1-Q1. The first two questions ask about your sex and gender. As CHIWOS is a transgender inclusive study, this survey includes several important questions that are specific to the experiences of transgender women. If you have transgender experience, to access these trans-specific questions we ask that you select 'transgender' identity as at least one of your gender identities.

What was your biological sex at birth?

Select one.

- Male
- Female
- Intersex
- Undetermined
- Other, please specify: _____
- Don't know
- Prefer not to answer

S1-Q2a. With respect to your gender, how do you currently identify?

Select all that apply.

- Woman
- Trans Man (Female to Male) **[if only selection, end interview]**
- Trans Woman (Male to Female)
- Two-spirited
- Intersex
- Gender Queer
- Other, please specify: _____
- Man **[if only selection, end interview]**

Note: If participant did not select 'Female sex at birth' to S1-Q1 and did not select Trans to S1-Q2a, then read the following paragraph.

You did not report being biologically female at birth. If you would like to access questions that are related to the experiences of trans women then 'Trans woman' must be one of the gender identities that you select. These questions are important and specific to setting the health priorities for trans women.

S1-Q2b. What gender do you currently live as in your day-to-day life?

Select one.

- Man **[if only selection, end interview]**
- Woman
- Sometimes man, sometimes woman
- Third gender, or something other than male or female

- Don't know
- Prefer not to answer

S1-Q3. With respect to your sexual orientation, how do you currently identify?

Select all that apply.

- Heterosexual / Straight
- Lesbian
- Gay
- Queer
- Bisexual
- Two-spirited
- Questioning
- Other, please specify: _____
- Don't know
- Prefer not to answer

S1-Q4. What is your current legal relationship status?

Select one.

- Legally married
- Common-law
- In a relationship, not living together
- Single
- Separated / Divorced
- Widowed
- Other, please specify: _____
- Prefer not to answer

S1-Q5a. Were you born in Canada?

Select one.

- Yes → **Skip to question S1-Q6**
- No
- Don't know → **Skip to question S1-Q6**
- Prefer not to answer → **Skip to question S1-Q6**

S1-Q5b. In what country were you born?

Select one.

Indicate country:

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S1-Q5c. In what year did you first come to Canada to live?

Indicate year:

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S1-Q6. What is your current legal status in Canada?

Select one.

- Canadian citizen
- Landed Immigrant/Permanent Resident
- Refugee/Protected Person
- Refugee claimant/Person in need of protection
- Here with Temporary Work Papers
- Here with Humanitarian and Compassionate approval
- Here as a visitor

- Here on a Student Visa
- Undocumented/Illegal Immigrant
- Other, please specify: _____
- Don't know
- Prefer not to answer

S1-Q7. What do you consider to be your racial and/or ethnic background?

Select all that apply.

- Aboriginal person living in Canada (e.g., First Nations, Métis, and Inuit) → **S1-Q8a Eligible**
- Indigenous Person from a country outside of Canada
- Black African (e.g., Nigerian, Somali)
- Black Caribbean (e.g., Haitian)
- Black Other (e.g., Black Canadian)
- Caucasian/White
- Chinese or Taiwanese
- Filipino
- Japanese
- Korean
- Latin American (e.g., Chilean, Costa Rican, Mexican)
- South Asian (e.g., Indian, Bangladeshi, Pakistani, Punjabi, and Sri Lankan)
- Southeast Asian (e.g., Cambodian, Laotian, Malaysian, Vietnamese)
- Arab (e.g., Egyptian, Kuwaiti, and Libyan)
- West Asian (e.g. Iraqi, Israeli, Lebanese, Afghani, Iranian)
- Central Asian (e.g., Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan)
- Multiple races / Multiracial / "Mixed"
- Other, please specify: _____
- Don't know **[exclusive]** → **Skip to question S1-Q9**
- Prefer not to answer **[exclusive]** → **Skip to question S1-Q9**

Interviewer Instructions: The following questions S1-Q8a through S1-Q8o are only for participants who selected "Aboriginal person living in Canada" (either alone, or as a combination) in S1-Q7. If participant did not select "Aboriginal person living in Canada", skip to S1-Q9.

S1-Q8a. [if S1-Q7 = 'Aboriginal in Canada'] Do you identify as:

Select one.

- First Nations (Status)
- First Nations (Non-status)
- Métis → **Skip to question S1-Q9**
- Inuit → **Skip to question S1-Q9**
- None of the above → **Skip to question S1-Q9**
- Don't know → **Skip to question S1-Q9**
- Prefer not to answer → **Skip to question S1-Q9**

S1-Q8b. Have you ever lived in a First Nation's community (i.e., "on reserve")?

Select one.

- Yes
- No → **Skip to question S1-Q8k**
- Don't know → **Skip to question S1-Q8k**
- Prefer not to answer → **Skip to question S1-Q8k**

S1-Q8c. In total, how long have you lived in a First Nation's community (i.e., "on reserve")?

Indicate length of time: _____ Days Months Years

- Don't know **[exclusive]**

- Prefer not to answer **[exclusive]**

S1-Q8d. Do you currently live in a First Nation's community (i.e., "on reserve")?

Select one.

- Yes
- No → **Skip to question S1-Q8f**
- Don't know
- Prefer not to answer

S1-Q8e. Have you ever lived outside of a First Nation's community (i.e., "off reserve")?

Select one.

- Yes → **Skip to question S1-Q8g**
- No → **Skip to question S1-Q8k**
- Don't know → **Skip to question S1-Q8k**
- Prefer not to answer → **Skip to question S1-Q8k**

S1-Q8f. When was the last time you lived in a First Nation's community (i.e., "on reserve")?

Indicate how long ago: _____ Days Months Years

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S1-Q8g. Over the past 12 months, how many times did you move back and forth between a home within the First Nation's community (i.e., "on reserve") and a home outside the First Nation's community (i.e., "off reserve")?

For this question, we are referring to times you changed your residence, not vacations.

Select one.

- None
- Once
- 2-3 times
- 4-5 times
- 6 times or more
- Don't know
- Prefer not to answer

S1-Q8h. What were the main reasons for moving away from the First Nation's community (i.e., "off reserve")?

Select all that apply

- Employment
- Education
- Relationship
- Housing
- Employment of spouse/partner
- Marital/relationship/domestic problems
- Violence (physical, sexual, and/or emotional)
- Support for disability
- Medical needs
- Social supports / services
- HIV diagnosis → **Question S1-Q8j Eligible**
- Other, please specify: _____
- Don't know **[exclusive]** → **Skip to question S1-Q8k**
- Prefer not to answer **[exclusive]** → **Skip to question S1-Q8k**

Interviewer instructions: Question S1-Q8j only applies to participants who selected "HIV Diagnosis" in question S1-Q8h. If participant did not select "HIV Diagnosis", then skip to S1-Q8k

S1-Q8j. [If S1-Q8h = "HIV diagnosis"] Which of the following factors related to your HIV diagnosis influenced your move away from the First Nation's community (i.e., "off reserve")?

Select all that apply.

- No access to HIV specialist care
- No access to medications
- No confidentiality
- No family support
- No community support
- Inappropriate housing
- Poor access to quality food
- HIV discrimination and stigma (including violence)
- Other kinds of discrimination and stigma (e.g., sexual orientation)
- To remain anonymous (e.g., I didn't want people to find out about my HIV)
- Concerns for children (e.g., I was worried about what my kids might go through because of the stigma)
- Transportation to medical appointments (e.g., It was too far from doctors, clinics and other supports)
- Other, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S1-Q8k. The following questions ask whether you or anyone in your family attended residential schools. If you prefer, you have the option to skip any question or this entire section. How would you like to continue?

Select one.

- Proceed with the first question
- Skip this section altogether → **Skip to question S1-Q9**

S1-Q8L. Did you attend residential school?

Select one.

- Yes
- No → **Skip to question S1-Q8o**
- Don't know → **Skip to question S1-Q8o**
- Prefer not to answer → **Skip to question S1-Q8o**

S1-Q8m. How old were you when you first started attending residential school?

Indicate age in years: _____

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S1-Q8n. How old were you when you left residential school?

Indicate age in years: _____

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S1-Q8o. Did anybody else in your family attend a residential school?

Select one per row.

	Yes	No	Don't know	Prefer not to answer	N/A
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Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paternal grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paternal grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S1-Q9. What is the highest level of formal education you have completed?

Select one.

- No formal education
- Elementary / Grade school
- High school / Secondary
- GED (General Education Diploma)
- Trade or Technical training
- CEGEP / College
- Undergraduate university
- Post-graduate education
- Other, please specify _____
- Don't know
- Prefer not to answer

S1-Q10a. People make money in a variety of ways; for instance, a regular job, and some under-the-table work. Over the last year, what were the different ways you've made money?	[of selected in S1-Q10a] S1-Q10b. Which was your main source of income?
Select all that apply.	Select one.
<input type="checkbox"/> Paid job, taxes paid	<input type="checkbox"/>
<input type="checkbox"/> Paid job, taxes unpaid / "Under-the-table work"	<input type="checkbox"/>
<input type="checkbox"/> Social assistance	<input type="checkbox"/>
<input type="checkbox"/> Pension	<input type="checkbox"/>
<input type="checkbox"/> Sex work	<input type="checkbox"/>
<input type="checkbox"/> Selling drugs / drugs paraphernalia	<input type="checkbox"/>
<input type="checkbox"/> Pan-handling/ 'squeegeeing' / recycling	<input type="checkbox"/>
<input type="checkbox"/> Worker's compensation (WCB)	<input type="checkbox"/>
<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/>
<input type="checkbox"/> Personal savings	<input type="checkbox"/>
<input type="checkbox"/> Loan(s) / Student Loan(s)	<input type="checkbox"/>
<input type="checkbox"/> Parent / friend / relative / partner income	<input type="checkbox"/>
<input type="checkbox"/> Honoraria (workshops, trainings)	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>
<input type="checkbox"/> Don't know [exclusive] → Skip to S1-Q11a	<input type="checkbox"/>
<input type="checkbox"/> Prefer not to answer [exclusive] → Skip to S1-Q11a	<input type="checkbox"/>

S1-Q11a. How much does your household make in a year, before taxes (i.e., household gross yearly income)?

Select one.

- Less than \$10,000 → Skip to question S1-Q12a

- \$10,000 to \$19,999 → Skip to question S1-Q12a
- \$20,000 to \$29,999 → Skip to question S1-Q12a
- \$30,000 to \$39,999 → Skip to question S1-Q12a
- \$40,000 to \$49,999 → Skip to question S1-Q12a
- \$50,000 to \$59,999 → Skip to question S1-Q12a
- \$60,000 to \$69,999 → Skip to question S1-Q12a
- \$70,000 to \$79,999 → Skip to question S1-Q12a
- \$80,000 to \$99,999 → Skip to question S1-Q12a
- \$100,000 or more → Skip to question S1-Q12a
- Don't know / Prefer to estimate by month
- Prefer not to answer → Skip to question S1-Q12a

S1-Q11b. If unable to answer gross yearly household income, prompt for gross monthly income:

Indicate gross monthly income in dollars: _____

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S1-Q12a. How much do you make in a year, before taxes (i.e., personal gross yearly income)?

Select one.

- Less than \$10,000 → Skip to question S1-Q13a
- \$10,000 to less than \$19,999 → Skip to question S1-Q13a
- \$20,000 to less than \$29,999 → Skip to question S1-Q13a
- \$30,000 to less than \$39,999 → Skip to question S1-Q13a
- \$40,000 to less than \$49,999 → Skip to question S1-Q13a
- \$50,000 to less than \$59,999 → Skip to question S1-Q13a
- \$60,000 to less than \$69,999 → Skip to question S1-Q13a
- \$70,000 to less than \$79,999 → Skip to question S1-Q13a
- \$80,000 to less than \$99,999 → Skip to question S1-Q13a
- \$100,000 or more → Skip to question S1-Q13a
- Don't know/Prefer to estimate by month
- Prefer not to answer → Skip to question S1-Q13a

S1-Q12b. If unable to answer gross yearly personal income, prompt for gross monthly income:

Indicate gross monthly income in dollars: _____

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S1-Q13a. How many people are financially dependent on you, not including yourself?

Indicate the number of people: _____ → See interviewer instructions below

- Don't know [exclusive]
- Prefer not to answer [exclusive]

Interviewer instructions: If the participant indicated 1 or more financial dependent, then continue to question S1-Q13b. Otherwise, skip to question S1-Q14.

S1-Q13b. [If S1-Q13a ≥ 1] How many of these people live in Canada?

Indicate the number of people: _____

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S1-Q14. Which of the following best describes the residence in which you currently live?

Select one.

- House that you own

- Apartment or Condominium that you own
- House that you rent
- Floor in a house that you rent
- A basement apartment that you rent
- Apartment or Condominium that you rent
- Self-contained room in a house with other people
- Self-contained room in an apartment with other people
- Self-contained room with amenities → Skip to question S1-Q16
- Self-contained room with no amenities → Skip to question S1-Q16
- An HIV care group home where you have your own room but share a kitchen and bathroom and where you receive care and support related to HIV → Skip to question S1-Q16
- A housing facility (*such as a group home*) where you have your own room but share a kitchen and bathroom and where you receive care and support related to your older age, physical health, mental health, substance use, disability or rehabilitation → Skip to question S1-Q16
- Outdoors, on the street, parks, or in a car → Skip to question S1-Q21
- Couch Surfing → Skip to S1-Q19
- Transition house/Halfway house/Safe House → Skip to question S1-Q19
- Shelter → Skip to question S1-Q19
- Jail → Skip to question S1-Q22
- Other, please specify: _____
- Don't know → Skip to question S1-Q22
- Prefer not to answer → Skip to question S1-Q22

S1-Q15. How many bedrooms are there in this house / condominium / apartment?

Indicate the number of bedrooms: _____

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S1-Q16. How many other people typically live with you in your current residence?

Indicate number of people: _____

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S1-Q17. Do you get income support/subsidy to help pay for your housing?

Select one.

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

S1-Q18. Given your total household income, how difficult is it to meet your monthly housing costs including rent/mortgage, property taxes, and utilities (e.g., heat, electricity, water and gas)? Would you say that it is ...

Select one.

- Not at all difficult
- A little difficult
- Fairly difficult
- Very difficult
- Don't know
- Prefer not to answer

S1-Q19. What are the first three digits of the postal code at which you are currently living?

Only record first three digits.

Postal Code: ___ __ _

- Don't know [exclusive]

- Prefer not to answer **[exclusive]**

S1-Q20a. Have you lived in your current residence for less than one year?

Select one.

- Yes
- No → **Skip to question S1-Q20c**
- Don't know → **Skip to question S1-Q20c**
- Prefer not to answer → **Skip to question S1-Q20c**

S1-Q20b. How many times have you moved in the past year?

Indicate number of times: _____

- Don't know → **Skip to question S1-Q22**
- Prefer not to answer → **Skip to question S1-Q22**

S1-Q20c. How long have you been living in your current residence?

Indicate amount of time: _____ Months Years → **Skip to question S1-Q22**

- Don't know → **Skip to question S1-Q22**
- Prefer not to answer → **Skip to question S1-Q22**

Interviewer instructions: Question S1-Q21 is only for participants who reported living outdoors in S1-Q14.

S1-Q21. [If S1-Q14 = "Outdoors, on the street, parks, or in a car "] Can you indicate the city and a major intersection near where you regularly sleep?

Indicate City/Town: _____

Indicate Major Intersection: _____

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S1-Q22. Which of the following statements best describes the food eaten in your household in the past 12 months, that is since [current month] of last year?

Select one.

- In the past 12 months, you and other household members always had enough of the kinds of food you wanted to eat
- In the past 12 months, you and other household members had enough to eat, but not always the kinds of food you want
- Sometimes you and other household members did not have enough to eat
- Often you and other household members didn't have enough to eat
- Don't know
- Prefer not to answer

S1-Q23. Now I'm going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was often true, sometimes true, or never true for you and other household members in the past 12 months.

Select one per row.

	Often True	Sometimes True	Never True	Prefer not to answer
In the past 12 months, you and other household members worried that food would run out before you got money to buy more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 12 months, the food that you and other household members bought just didn't last, and there wasn't any money to get more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past 12 months, you and other household members couldn't afford to eat balanced meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S1-Q24. The following questions are in regards to early life experiences.

Were you adopted?

Select one.

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

S1-Q25. Have you ever been under the care of Child Protection Services?

Select one.

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

S1-Q26. Have you ever been in foster care?

Select one.

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

S1-Q27. Before you turned 18, did you ever live with other foster kids in a group home while waiting to be placed with a family?

Select one.

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

S1-Q28. The following questions are in regards to incarceration.

Have you ever been incarcerated, or held in custody overnight or longer, in Canada?

Select one.

- Yes
- No → **Skip to Next Section**
- Don't know → **Skip to Next Section**
- Prefer not to answer → **Skip to Next Section**

S1-Q29. In the last year, have you been incarcerated, or held in custody overnight or longer, in Canada?

Select one.

- Yes

- No → **Skip to Next Section**
- Don't know → **Skip to Next Section**
- Prefer not to answer → **Skip to Next Section**

S1-Q30. Were you taking, or supposed to have been taking, HIV antiretroviral medication during any incarceration events in the last year?

Select one.

- Yes
- No, I was not HIV positive at the time → **Skip to Question S1-Q32**
- No, I was not on antiretroviral medication at the time → **Skip to Question S1-Q32**
- Don't know → **Skip to Question S1-Q32**
- Prefer not to answer → **Skip to Question S1-Q32**

S1-Q31. Did being incarcerated in the last year interrupt your use of HIV antiretroviral medications?

Select one.

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

S1-Q32. While you were incarcerated in the last year did you ever inject drugs?

Select one.

- Yes
- No → **Skip to Next Section**
- Prefer not to answer → **Skip to Next Section**

S1-Q33. While incarcerated in the last year, did you ever inject drugs with a needle or syringe that had already been used by someone else?

Select one.

- Yes → **Skip to Next Section**
- No → **Skip to Next Section**
- Don't know → **Skip to Next Section**
- Prefer not to answer → **Skip to Next Section**

Section 2: Medical and HIV Disease Information

S2-Q1. The following two questions are used to calculate the Body Mass Index (BMI), which is a good measure of general health and can sometimes affect fertility and menstruations. What is your height?

Indicate height and appropriate measure: _____ Feet/Inches Centimeters

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S2-Q2. How much do you weigh?

Indicate weight and appropriate measure: _____ Pounds Kilograms

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S2-Q3a. How do you think you got HIV?

Select all that apply.

- Having consensual sex → **See interviewer instructions below**
- Having non-consensual sex (including rape and forced sex) → **See interviewer instructions below**
- Sharing needles → **See interviewer instructions below**
- Blood transfusion or other medical procedure
- Perinatal exposure (at birth, mother-to-child, breastfeeding)
- Other, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

Interviewer Instructions: The following question S2-Q3b is only for participants who selected at least one of the following responses: "Having consensual sex", "Having non-consensual sex" OR "Sharing needles" in S2-Q3a.

S2-Q3b. [see condition above] Were you aware that this person (or persons) was HIV positive at the time?

Select one.

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

S2-Q4a. When were you diagnosed with HIV?

Indicate month and year if possible, otherwise year only.

Indicate Year:

Indicate Month:

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S2-Q4b. After receiving your HIV diagnosis, when did you first access HIV medical care?

Indicate month and year if possible, otherwise year only.

- Indicate Year: → **See interviewer instructions below**
Indicate Month: → **See interviewer instructions below**
- I have never accessed HIV medical care → **Skip to question S2-Q13**
 - Don't know → **Skip to question S2-Q6**
 - Prefer not to answer → **Skip to question S2-Q6**

Interviewer instructions: If the participant reported both (1) S2-Q4a "date of HIV diagnosis" and (2) S2-Q4b "date of first HIV medical care", calculate the time interval between the two. If the time interval is 4 months or greater, then continue to question S2-Q5. Otherwise, skip to question S2-Q6.

S2-Q5. [See condition above] For what reasons did you delay accessing HIV medical care for longer than 4 months after being diagnosed?

Select all that apply.

- Didn't want to think about being HIV-positive
- Didn't want to believe HIV test results
- Felt good / didn't need to go
- Don't have a clinic where I live
- Don't have a women's only clinic/Couldn't get a doctor of my preferred gender
- Don't have a culturally specific clinic (e.g., Aboriginal only clinic)
- Long wait times/Waitlist/Hard to get an appointment
- Hours of operation were not accessible to me
- Transportation barriers
- Language barriers
- Cost (e.g, can't afford the fees)
- Childcare barriers (e.g., No place for women with kids/Couldn't find or afford childcare)
- Barrier from partner/Partner would not let me go
- Personal or family responsibilities
- Work responsibilities
- Poor treatment by provider
- Had negative experiences with healthcare providers
- Drinking or using drugs
- Felt judged for drug or alcohol use
- The support service moved or closed
- Didn't feel safe going to that site/Dangerous neighbourhood
- Location of the site is highly stigmatized
- Involuntary status disclosure/ "Everyone will know I'm HIV positive if I go there"
- Concerns about confidentiality
- Didn't know where to go
- Turned down by a program/Kicked out
- HIV discrimination by doctors, nurses, other staff
- Other discrimination by doctors, nurses, other staff. (Please specify:_____)
- Other, please specify: _____
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S2-Q6. Have you ever taken Antiretroviral Medication (ARVs) for your own health?

Select one.

- Yes

- No → **Skip to question S2-Q10a**
- Don't know → **Skip to question S2-Q10a**
- Prefer not to answer → **Skip to question S2-Q10a**

S2-Q7. When was the first time you ever took ARVs?

Indicate month and year if possible, otherwise year only.

Indicate Year:

Indicate Month:

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S2-Q8. Are you currently taking ARVs?

Select one.

- Yes
- No → **Skip to question S2-Q10a**
- Don't know → **Skip to question S2-Q10a**
- Prefer not to answer → **Skip to question S2-Q10a**

S2-Q9a. Which ARVs are you currently taking?

A card containing pictures of each of these ARVs will be available.

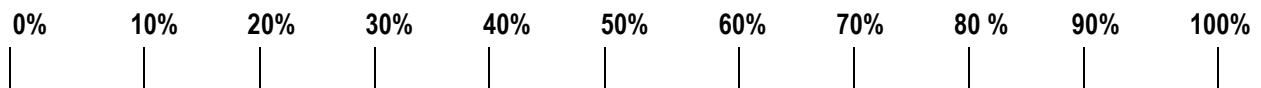
Select all that apply.

- 3TC (lamivudine)
- Agenerase (amprenavir)
- Aptivus (tipranavir)
- Atripla (FTC+Tenofovir+Sustiva)
- Celsentri (Maraviroc)
- Combivir (3TC + AZT)
- Complera (FTC+Tenofovir+Ralpivirine)
- Crixivan (indinavir)
- Edurant (Ralpivirine, TMC-125)
- Fortovase (saquinavir)
- FTC
- Fuzeon (enfuvirtide, T-20)
- Intelence (etravirine)
- Invirase (saquinavir)
- Isentress (Raltegravir)
- Kaletra (lopinavir + ritonavir)
- Kivexa (abacavir+ lamivudine)
- Norvir (ritonavir)
- Prezista (darunavir)
- Rescriptor (delavirdine)
- Retrovir (AZT, zidovudine)
- Reyataz (atazanavir)
- Sustiva (efavirenz)
- Telzir (fosamprenavir, Lexiva)
- Trizivir (ABC + 3TC + AZT)
- Truvada (FTC + tenofovir)
- Videx (ddl, didanosine)
- Viracept (nelfinavir)
- Viramune (nevirapine)
- Viread (tenofovir)
- Zerit (d4T, stavudine)
- Ziagen (abacavir)
- Other, please specify: _____

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S2-Q9b. We understand that many people on HIV medications find it difficult to take them regularly and often miss doses. We won't be surprised if you have missed doses. We would like to know how many doses you have missed. Please indicate on the line below at the point showing your best guess about how much medication you have taken in the last month. We would be surprised if this was 100% for most people.

0% means you have taken no medication; 50% means you have taken half your medication; 100% means you have taken every single dose of medication



S2-Q10a. When did you last receive your CD4 count results?

Indicate month and year if possible, otherwise year only.

Indicate Year:

Indicate Month:

- Never received a CD4 count **[exclusive]** → **Skip to question S2-Q12a**
- Don't know **[exclusive]** → **Skip to question S2-Q11a**
- Prefer not to answer **[exclusive]** → **Skip to question S2-Q11a**

S2-Q10b. What was your most recent CD4 count?

Indicate count: _____ cells/mm³ → **Skip to question S2-Q11a**

- Don't know / prefer to estimate **[exclusive]**
- Prefer not to answer **[exclusive]** → **Skip to question S2-Q11a**

S2-Q10c. [If S2-Q10b = "Don't know / Prefer to estimate"] Are you able to estimate your most recent CD4 count?

Select one.

- <200 cells/mm³
- 200-500 cells/mm³
- >500 cells/mm³
- Unable to estimate
- Prefer not to answer

S2-Q11a. When did you receive your lowest (nadir) CD4 count results?

Indicate month and year if possible, otherwise year only.

Indicate Year:

Indicate Month:

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S2-Q11b. What was your lowest (nadir) CD4 count?

Indicate count: _____ cells/mm³ → **Skip to question S2-Q12a**

- Don't know / prefer to estimate
- Prefer not to answer → **Skip to question S2-Q12a**

S2-Q11c. [If S2-Q11b = "Don't know / Prefer to estimate"] Are you able to estimate your lowest (nadir) CD4 count?

Select one.

- <200 cells/mm³
- 200-500 cells/mm³
- >500 cells/mm³
- Unable to estimate
- Prefer not to answer

S2-Q12a. When did you last receive your HIV viral load results?

Indicate month and year if possible, otherwise year only.

Indicate Year:

Indicate Month:

- Never received viral load results [exclusive] → Skip to question S2-Q13
- Don't know [exclusive]
- Prefer not to answer [exclusive]

S2-Q12b. What was your most recent viral load, undetectable or detectable?

Select one.

- Undetectable (i.e. below 40 copies/mL) → Skip to question S2-Q13
- Detectable (i.e. over 40 copies/mL)
- Don't know → Skip to question S2-Q13
- Prefer not to answer → Skip to question S2-Q13

S2-Q12c. [If S2-Q12b = "Detectable"] Do you remember the exact result?

Indicate result: _____ copies/mL

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S2-Q13. Have you ever discussed with a health care provider the impact of your viral load on the risk of transmitting HIV?

Select one.

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

S2-Q14. How do you think taking ARVs changes your risk of transmitting HIV?

Select one.

- Makes the risk of transmission a lot lower
- Makes the risk of transmission a little lower
- Makes little difference to the risk of transmission
- Makes the risk of transmission a little higher
- Makes the risk of transmission a lot higher
- Don't know
- Prefer not to answer

S2-Q15a. Have you ever been told by a doctor or nurse that you have or had hepatitis C (Hep C)?

Select one.

- Yes
- No → Skip to question S2-Q16
- Don't know → Skip to question S2-Q16
- Prefer not to answer → Skip to question S2-Q16

S2-Q15b. Have you ever taken medication for hepatitis C?

Medications include: Interferon, Intron, Peg-Intron, Virazole, Remeron, Rebetron, Ribavirin

Select one.

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

S2-Q16. Have you ever been told by a doctor or nurse that you have hepatitis B (Hep B)?

Select one.

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

S2-Q17. Have you ever received pediatric HIV care?

Select one.

- Yes, but I now receive adult HIV care → Skip to question S2-Q21a
- Yes, and I am still receiving pediatric HIV care
- No, I have never received pediatric HIV care → Skip to question S2-Q26
- Prefer not to answer → Skip to question S2-Q26

S2-Q18. In your opinion, what would be the best age for you to change to adult HIV care?

Indicate age in years: _____

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S2-Q19a. Prior to changing from pediatric to adult HIV care, how important do you think following issues are?					S2-Q19b. Do you feel you need more knowledge on the following issues?		
<i>Select one per row</i>					<i>Select one per row</i>		
	Very Important	A little important	Not important	Prefer not to answer	Yes	No	Prefer not to answer
Understanding the differences between adult and pediatric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being comfortable attending appointments alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being comfortable scheduling your own appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding how prescriptions and pharmacies work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being comfortable with your HIV medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding HIV disease and how HIV is transmitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing where to seek help when sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding what birth control options are available to you and where to access them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing what fertility choices and pregnancy planning services are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

available							
Education on safer sex methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding issues surrounding HIV disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being familiar with community supports (ASOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding you rights to confidentiality, respect, and quality care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding your rights to participate, or not, in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S2-Q20. Overall, do you feel like your pediatric HIV care program is preparing you enough for the change to adult HIV care?

Select one.

- Yes →Skip to question S2-Q26
- No →Skip to question S2-Q26
- Not sure →Skip to question S2-Q26
- Prefer not to answer →Skip to question S2-Q26

S2-Q21a. At what age did you change from pediatric HIV care to adult HIV care?

Indicate age in years: _____

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S2-Q21b. In your opinion, at what age would it have been best for you to change to adult HIV care?

Indicate age in years: _____

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S2-Q22a. Now that you access adult HIV care, how important do you think the following issues are prior to changing to adult care? Select one per row					S2-Q22b. Do you feel you needed more knowledge on the following issues prior to transitioning to adult HIV care? Select one per row		
	Very Important	A little important	Not important	Prefer not to answer	Yes	No	Prefer not to answer
Understanding the differences between adult and pediatric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being comfortable attending appointments alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being comfortable scheduling your own appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding how prescriptions and pharmacies work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being comfortable with your HIV medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding HIV disease and how HIV is transmitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing where to seek help when sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding what birth control options are available to you and where to access them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing what fertility choices and pregnancy planning services are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education on safer sex methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding issues surrounding HIV disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Being familiar with community supports (ASOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding your rights to confidentiality, respect, and quality care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding your rights to participate, or not, in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S2-Q23. Overall, do you feel like your pediatric HIV care program prepared you enough for the change to adult HIV care?

Select one.

- Yes
- No
- Not sure
- Prefer not to answer

S2-Q24a. Where is your adult HIV doctor located compared to the pediatric HIV clinic?

Select one.

- At the same site
- In a different building at the same site
- At a different site
- Don't know
- Prefer not to answer

S2-Q24b. Are you happy with the location of your adult care HIV doctor?

Select one.

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

S2-Q25. How do you feel your HIV-related health issues are being cared for since you've changed to adult HIV care?

Select one.

- Better
- Same
- Worse
- Don't know
- Prefer not to answer

S2-Q26. The following questions S2-Q26 through S2-Q29 are only to be answered by participants who earlier identified as Trans in S1-Q2a. If the participant did not identify as Trans, skip to the next section.

[If S1-Q2a = Trans] Which of the following applies to your current situation regarding hormones and/or surgery?

Select one.

- I have fully medically/surgically transitioned
- I am in the process of medically/surgically transitioning
- I am planning to transition, but have not begun
- I am not planning to medically/surgically transition
- The concept of 'transitioning' does not apply to me
- I am not sure whether I am going to medically transition

- Other, please specify: _____
- Don't know
- Prefer not to answer

S2-Q27. [If S1-Q2a = Trans] Are you currently taking Trans-related hormones?

Select one.

- Yes
- No → **Skip to S2-Q29**
- Don't know → **Skip to next section**
- Prefer not to answer → **Skip to next section**

S2-Q28. [If S1-Q2a = Trans] Have you informed your HIV doctor that you are currently taking hormones

Select one.

- Yes
- No
- N/A - Don't have an HIV doctor
- Don't know
- Prefer not to answer

S2-Q29. [If S1-Q2a = Trans] Has your HIV doctor discussed with you the possible drug interactions between hormones and HIV medications?

Select one.

- Yes → **Skip to next section**
- No → **Skip to next section**
- N/A - Don't have an HIV doctor → **Skip to next section**
- Don't know → **Skip to next section**
- Prefer not to answer → **Skip to next section**

Section 3: Health Care and Support Service Utilization

Interviewer Instructions: Questions S3-Q11 through S3-Q14 are for participants who identified themselves as Trans in question S1-Q2a. If the participant did not identify as Trans, skip to question S3-Q1.

S3-Q11. [If S1-Q2a = Trans] Do you have a regular family doctor (other than your HIV doctor)?

Select one.

- Yes
- No → Skip to question S3-Q14
- Don't know → Skip to question S3-Q14
- Prefer not to answer → Skip to question S3-Q14

S3-Q12. [If S1-Q2a = Trans] Does your current family doctor know about your Trans identity or experience?

Select one.

- Yes, I told my family doctor
- Yes, my family doctor asked about my history
- Yes, my family doctor was informed of my Trans identity without my consent
- No, it hasn't come up
- No, I don't feel comfortable telling my family doctor
- Don't know
- Prefer not to answer

S3-Q13. [If S1-Q2a = Trans] How comfortable are you discussing your Trans-specific health care needs with your family doctor?

Select one.

- Very comfortable
- Comfortable
- Uncomfortable
- Very uncomfortable
- Don't know – I never talk to my family doctor about Trans issues
- Prefer not to answer

S3-Q14. [If S1-Q2a = Trans] Have you ever accessed medical care from a Trans specific clinic or doctor(s)?

Select all that apply.

- Yes, for my general care (family doctor)
- Yes, for my HIV related care
- No, there is no Trans related care in my area
- No, the clinic is too busy to take new patients
- Other, please specify: _____
- Don't know [exclusive]
- Prefer not to answer [exclusive]

S3-Q1. Have you received any HIV medical care in the past year?

select one.

- Yes
- No → Skip to question S3-Q31
- Don't know → Skip to question S3-Q31
- Prefer not to answer → Skip to question S3-Q31

S3-Q1b. Have you received any HIV medical care from a nurse or nurse practitioner in the past year?

select one.

- Yes
- No → Skip to question S3-Q2a
- Don't know → Skip to question S3-Q2a
- Prefer not to answer → Skip to question S3-Q2a

S3-Q1c. Would you consider your nurse or nurse practitioner to be your primary HIV medical care provider?

select one.

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

If 'Yes', we understand that nurses and nurse practitioners are important, however the next questions are going to focus exclusively on doctors.

S3-Q2a. Which of the following doctors have you received any HIV medical care from in the past year? <i>Select all that apply.</i>	S3-Q2b. [of selected in S3-Q2a] Of the doctors you just listed, which one primarily looked after your HIV medical care? We will now refer to this person as "your HIV doctor". <i>Select one.</i>
<input type="checkbox"/> Family Physician / General practitioner (GP)	<input type="checkbox"/>
<input type="checkbox"/> Infectious disease specialist	<input type="checkbox"/>
<input type="checkbox"/> Internist	<input type="checkbox"/>
<input type="checkbox"/> Hematologist	<input type="checkbox"/>
<input type="checkbox"/> Respirologist	<input type="checkbox"/>
<input type="checkbox"/> Immunologist	<input type="checkbox"/>
<input type="checkbox"/> Microbiologist	<input type="checkbox"/>
<input type="checkbox"/> Some type of specialist but not sure what type	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>
<input type="checkbox"/> Don't know [exclusive] → Skip to question S3-Q4	<input type="checkbox"/>
<input type="checkbox"/> Prefer not to answer [exclusive] → Skip to question S3-Q4	<input type="checkbox"/>

S3-Q3c. How long have you been receiving consistent medical care from your HIV doctor?

Indicate amount of time: _____ Days Months Years

- Don't know [exclusive]
- Prefer not to answer [exclusive]

Interviewer Instructions: Questions S3-Q4 through S3-Q5 are for participants who identified themselves as lesbian, gay, bisexual, or queer in question S1-Q2a. If the participant is not lesbian, gay, bisexual or queer, skip to question S3-Q6.

S3-Q4. [If S1-Q2a = lesbian, gay, bisexual, or queer] Does your HIV doctor know you are lesbian, gay, bisexual, or queer?

Select one.

- Yes, I told them
- Yes, they asked me my sexual orientation
- No, it hasn't come up
- No, I don't feel comfortable telling them
- Don't know
- Prefer not to answer

S3-Q5. [If S1-Q2a = lesbian, gay, bisexual, or queer] How knowledgeable do you feel your HIV doctor is about health issues facing lesbian, gay, bisexual and queer women?

Select one.

- Very knowledgeable
- Somewhat knowledgeable
- Not very knowledgeable
- Not knowledgeable at all
- Don't know – they have never talked to me about lesbian, gay, bisexual, and queer women's health
- Prefer not to answer

Interviewer Instructions: Questions S3-Q6 through S3-Q10 are for participants who identified themselves as Trans in S1-Q2a. If the participant is not Trans, skip to question S3-Q15.

S3-Q6. [If S1-Q2a = Trans] Does your HIV doctor know about your Trans identity and experience?

Select one.

- Yes, I told my HIV doctor
- Yes, my HIV doctor asked about my history
- Yes, my HIV doctor was informed of my Trans identity without my consent
- No, it hasn't come up
- No, I don't feel comfortable telling my HIV doctor
- Don't know
- Prefer not to answer

S3-Q7. [If S1-Q2a = Trans] How knowledgeable do you feel your HIV doctor is about health issues facing Trans people?

Select one.

- Very knowledgeable
- Somewhat knowledgeable
- Not very knowledgeable
- Not knowledgeable at all
- Don't know - my HIV doctor has never talked to me about Trans health
- Prefer not to answer

S3-Q8. [If S1-Q2a = Trans] How comfortable are you discussing your Trans identity and Trans-specific health care needs with your HIV doctor?

Select one.

- Very comfortable
- Comfortable
- Uncomfortable
- Very uncomfortable
- Don't know – I never talk to my HIV doctor about Trans issues
- Prefer not to answer

S3-Q9. [If S1-Q2a = Trans] Has your HIV doctor ever...

Select all that apply.

- Refused to see you or ended your care because you were Trans
- Refused to discuss Trans-related health concerns
- Refused to examine parts of your body because you're Trans
- Insisted on examining parts of your body that were not relevant to your care
- Told you they don't know enough about Trans-related care to provide you care
- Told you that you were not really the gender you identify with
- Discouraged you from exploring your gender
- Used hurtful or insulting language about your Trans identity or experience
- Thought the gender listed on your ID or forms was a mistake
- Belittled or ridiculed you for being Trans
- Other, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S3-Q10. [If S1-Q2a = Trans] Do you trust the doctor-patient confidentiality with your HIV doctor when it comes to receiving Trans-related care?

Select one.

- Completely
- Mostly
- Not much
- Not at all
- Don't know
- Prefer not to answer

S3-Q15. In the past year, from which clinic did you primarily receive your HIV medical care?

Please do not specify the name of your doctor. The name of the clinic will never be published in any public documents.

Specify the name of the site:

- I have received care in the last year, but do not feel comfortable naming the site
- Don't know → **Skip to question S3-Q25a**
- Prefer not to answer → **Skip to question S3-Q25a**

S3-Q16. How long have you been receiving HIV medical care from this clinic?

Select one.

- Less than 1 year
- Between 1 and 3 years
- Between 3 and 5 years
- Between 5 and 10 years
- 10 or more years
- Don't know
- Prefer not to answer

S3-Q17. In the past year, how often did you go to this clinic?

Select one.

- Once
- Between 2 and 5 times
- Between 5 and 11 times
- Twelve or more times
- Don't know
- Prefer not to answer

S3-Q18. Where is this clinic in relation to where you ordinarily live?

Select one.

- In the city or town where you ordinarily live
- In a city or town where you do not ordinarily live
- In a First Nation's community where you ordinarily live
- In a First Nation's community where you do not ordinarily live
- Other, please specify: _____
- Don't know
- Prefer not to answer

S3-Q19. How much time does it take to travel one-way from your residence to this clinic?

Select one.

- Between 0 and less than 30 min
- Between 30 and less than 60 min
- Between 1 hour and less than 3 hours
- Between 3 hours and less than 5 hours
- Five hours or more
- Don't know
- Prefer not to answer

S3-Q20. Is the clinic in a rural region or a larger urban centre?

Select one.

- Rural region
- Larger urban centre → Skip to question S3-Q24
- Don't know → Skip to question S3-Q24
- Prefer not to answer → Skip to question S3-Q24

S3-Q21. Would you feel more comfortable accessing services in a larger urban centre?

Select one.

- Yes
- No → Skip to question S3-Q23
- Don't know → Skip to question S3-Q24
- Prefer not to answer → Skip to question S3-Q24

S3-Q22. Why would you feel more comfortable accessing services in a larger urban centre?

Select all that apply.

- Less stigma → Skip to question S3-Q24
- Improved confidentiality → Skip to question S3-Q24
- Improved quality of care → Skip to question S3-Q24
- To reduce conflicts with local providers → Skip to question S3-Q24
- Reduced isolation → Skip to question S3-Q24
- Opportunity to connect with other positive women → Skip to question S3-Q24
- Need to visit larger urban centre for other reasons → Skip to question S3-Q24
- Other, please specify: _____ → Skip to question S3-Q24
- Don't know [exclusive] → Skip to question S3-Q24
- Prefer not to answer [exclusive] → Skip to question S3-Q24

S3-Q23. Why would you not feel more comfortable accessing services in a larger urban centre?

Select all that apply.

- I'm satisfied with the care I access locally
- I prefer the smaller care site
- More personal care in rural area
- Closer / less travel
- Childcare

- Disclosure
- I don't like to go to urban centres
- Other, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S3-Q24. Did you ever move in order to access HIV medical care?

Select one.

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

S3-Q25a. Now I would like to ask you some questions about the HIV medical care you received in the past year. When answering these questions, please think about your primary HIV doctor and the HIV clinic where you primarily received HIV medical care over the past year.

What is the gender of your primary HIV doctor?

Select one.

- A woman
- A man
- A Trans person
- Don't know
- Prefer not to answer

S3-Q25b. Do you prefer that your primary HIV doctor be of a particular gender?

Select one.

- Yes, I prefer my HIV doctor to be a woman
- Yes, I prefer my HIV doctor to be a man
- Yes, I prefer my HIV doctor to be a Trans person
- No, I don't have a preference → **Skip to question S3-Q26a**
- Don't know → **Skip to question S3-Q26a**
- Prefer not to answer → **Skip to question S3-Q26a**

S3-Q25c. How important is the gender of your primary HIV doctor to your overall satisfaction with the care you received?

Select one.

- Very important
- Important
- Somewhat important
- A little important
- Not important at all
- Don't know
- Prefer not to answer

S3-Q26a. At your HIV clinic, are the services provided in your preferred language?

Select one.

- Yes, all of the time
- Yes, most of the time

- Yes, some of the time
- No, never
- I don't have a preference → Skip to question S3-Q27a
- Don't know → Skip to question S3-Q27a
- Prefer not to answer → Skip to question S3-Q27a

S3-Q26b. What is your preferred language?

Indicate preferred language: _____

- Don't know [exclusive] → Skip to question S3-Q27a
- Prefer not to answer [exclusive] → Skip to question S3-Q27a

S3-Q26c. How important is the language used at your HIV clinic to your overall satisfaction with the care you received?

Select one.

- Very important
- Important
- Somewhat important
- A little important
- Not important at all
- Don't know
- Prefer not to answer

The following questions will ask about the medical and support services offered at your HIV clinic.

S3-Q27a. Are the following services available at your HIV clinic?					[If S3-Q27a Yes] S3-27c. How often did you access this service, on average, over the past year from your HIV clinic?						
	Yes	No	Don't know	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Never	Prefer not to answer
Onsite Pap tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to bone density scanning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite Sexual health services, such as sexually transmitted infection (STI) testing and treatment or condom distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite sexologist or sex therapist consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to allied health professionals, such as dentists, physiotherapists, or chiropractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite nutritionist / dietician consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite social worker consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite mental health services or counseling, such as a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

psychiatrist or psychologist											
Support related to violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiretroviral Medication (ARV) adherence assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don't know	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Never	Prefer not to answer
Treatment for substance use, such as a methadone program, alcohol counseling, or drug counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction services, such as needle exchanges or supervised injection facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation subsidies, such as a bus ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare subsidies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child minding support in a dedicated children's space that your child(ren) can use while you receive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical and support services for your children, partner, or other family members regardless of HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Food supplements, such as a food bank, meal program, community kitchen, or vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with finding housing / housing referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with staying at work or returning to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Help with social assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance / Support / Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social activities, such as wellness retreats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training activities, such as skills development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don't know	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Never	Prefer not to answer
Health information materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health information programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to participate in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to participate in research that you consider women-centred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to receive peer support from other HIV-positive people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to provide peer support to other HIV-positive people [If participant selects 'yes' to this question, they become eligible for S3-Q28a and S3-Q28b]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-Q28a. [If participant provides peer support to other HIV-positive people] In regards to providing peer support, do you feel valued for your involvement ?

Select one.

- Yes, all the time
- Yes, most of the time
- Yes, some of the time
- No, none of the time
- Don't know
- Prefer not to answer

S3-Q28b. [If participant provides peer support to other HIV-positive people] Are these paid opportunities?

Select one.

- Yes
- No
- Some are paid, some are unpaid
- Don't know
- Prefer not to answer

S3-Q29a. The following questions will ask about features of care you might have received in the past year from your HIV clinic. Please let me know how much you agree with each statement.

How much do you agree with the following statement?							
My HIV clinic is a place where I feel...	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know	Prefer not to answer
... the care is gender-sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the care is culturally-sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the care is non-stigmatizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...a sense of belonging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my information is kept confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my privacy is respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my dignity is respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...respected, overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...I have an active role in decisions about my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my health care fits my stage of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my HIV doctor spends enough time addressing my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my HIV doctor is concerned with all aspects of my wellbeing (e.g., emotional, social, spiritual, mental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my HIV doctor is interested in how my life affects my health (e.g., work, home, family issues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my HIV doctor understands my needs as a woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my HIV doctor is up to date with the newest HIV information required for my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my HIV doctor is supportive of others attending my appointments when I want (e.g., partner, family member, friend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...appointment scheduling is flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...I can book an appointment on short notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the site's hours are accessible to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the wait times are reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my HIV doctor communicates with other providers about my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

...multiple services are offered on site to reduce the number of places I must go to for care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I receive a lot of information about issues specific to women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...there are opportunities for me to connect with other HIV-positive women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know	Prefer not to answer
...there are opportunities for me to give feedback about my experiences with the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-Q30. Please indicate how much you agree with the following statements in regards to the HIV medical care you received in the past year from your HIV clinic and your HIV doctor.

Select one per row.

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Prefer not to answer
Overall, I am satisfied with the care I have received from my HIV clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I think that the care I have received from my HIV clinic has been <u>women-centred</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the care I have received from my HIV Doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I think that the care I have received from my HIV Doctor has been <u>women-centred</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, women-centred care is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interviewer Instruction: Read this question twice Overall, my satisfaction with the care I receive depends on how <u>women-centred</u> it is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once completed, skip to question S3-Q34						

Interviewer instruction: The following questions S3-Q31 through S3-33 are only intended for participants who did not access any HIV medical care in the past year.

S3-Q31. Have you ever received HIV medical care ?

Select one.

- Yes
- No **Skip to question S3-Q34**
- Don't know **→ Skip to question S3-Q34**
- Prefer not to answer **→ Skip to question S3-Q34**

S3-Q32. When did you last receive HIV medical care?

Select one.

- One year ago or more, but less than three years ago
- Three years ago or more, but less than five years ago
- Five years ago or more, but less than ten years ago
- Ten or more years ago
- Don't know
- Prefer not to answer

S3-Q33. Thinking of the last time you were receiving HIV medical care, what were your reasons for leaving care?

Select all that apply.

- Didn't want to think about being HIV-positive
- Didn't want to believe HIV test results
- Felt good / didn't need to go
- Don't have a clinic where I live
- Don't have a women's only clinic/Couldn't get a doctor of my preferred gender
- Don't have a culturally specific clinic (e.g., Aboriginal only clinic)
- Long wait times/Waitlist/Hard to get an appointment
- Hours of operation were not accessible to me
- Transportation barriers
- Language barriers
- Cost (e.g., can't afford the fees)
- Childcare barriers (e.g., No place for women with kids/Couldn't find or afford childcare)
- Barrier from partner/Partner would not let me go
- Personal or family responsibilities
- Work responsibilities
- Poor treatment by provider
- Had negative experiences with healthcare providers
- Drinking or using drugs
- Felt judged for drug or alcohol use
- The support service moved or closed
- Didn't feel safe going to that site/Dangerous neighbourhood
- Location of the site is highly stigmatized
- Involuntary status disclosure/ "Everyone will know I'm HIV positive if I go there"
- Concerns about confidentiality
- Didn't know where to go
- Turned down by a program/Kicked out
- HIV discrimination by doctors, nurses, other staff
- Other discrimination by doctors, nurses, other staff. (Please specify: _____)
- Other, please specify: _____
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S3-Q34. The next questions are about HIV support services you may access at other places than your HIV clinic, such as an AIDS service organization (ASO) or other community centres.

HIV support services include:

- Sexual health services (e.g., sexually transmitted infection (STI) testing and treatment or condom distribution)
- Onsite sexologist or sex therapist consultations
- Onsite access to complementary and alternative therapies, such as yoga, massage, and Reiki
- Access to allied health professionals, such as dentists, physiotherapists, or chiropractors
- Onsite nutritionist / dietician consultations

- Onsite social worker consultations
- Onsite mental health services or counseling, (e.g, a psychiatrist or psychologist or counselor)
- Support related to violence
- Antiretroviral Medication (ARV) adherence assistance
- Treatment for substance use, such as a methadone program, alcohol counseling, or drug counseling
- Harm reduction services, such as needle exchanges or supervised injection facilities
- Outreach services
- Interpretation services
- Transportation subsidies (e.g., bus tickets)
- Childcare subsidies
- Child minding support in a dedicated children's space that your child(ren) can use while you receive care
- Medical and support services for your children, partner, or other family members regardless of HIV status
- Nutrition/Food supplements, such as a food bank, meal program, community kitchen, or vitamins
- Help with finding housing / housing referrals
- Help with staying at work or returning to work
- Help with immigration
- Help with social assistance
- Legal assistance / Support / Advocacy
- Social activities, such as wellness retreats
- Training activities, such as skills development
- Health information materials and programs
- Opportunities for you to participate in research
- Opportunities for you to participate in research that you consider women-centred
- Opportunities for you to receive peer support from other HIV-positive women
- Opportunities for you to provide peer support to other HIV-positive women

Have you used any HIV support services from sites other than your HIV clinic in the past year?

Select one.

- Yes
- No → **Skip to question S3-Q41a**
- Don't know → **Skip to question S3-Q41a**
- Prefer not to answer → **Skip to question S3-Q41a**

S3-Q35 (aa). Excluding your HIV clinic, how many sites in total have you received HIV support services from in the past year?

Indicate number of sites: _____

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

Interviewer instruction: The following questions will repeat three times. If the participant indicated receiving HIV support services from more than three sites in the past year, please direct the participant to focus on the three most important sites.

S3-Q35a. Can you tell me the name of site 1 where you received HIV support services in the past year?

Specify the name of site 1:

- I have received HIV support in the last year, but do not feel comfortable naming the site
- Don't know the name of the site
- Prefer not to answer questions related to HIV support services → **Skip to question S3-Q41a**

S3-Q35b. Which of the following support services did you receive from this site in the past year?

[If S3-Q35b = 'Yes'] S3-Q35c. How often did you access this service, on average, over the past year from this site?

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	Yes	No	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Prefer not to answer
Sexual health services (e.g., sexually transmitted infection (STI) testing and treatment or condom distribution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite sexologist or sex therapist consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Prefer not to answer
Onsite access to complementary and alternative therapies, such as yoga, massage, and Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to allied health professionals, such as dentists, physiotherapists, or chiropractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite nutritionist / dietician consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite <u>social worker</u> consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Onsite mental health services or counseling</u> , (e.g., a psychiatrist or psychologist or counselor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support related to violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiretroviral Medication (ARV) adherence assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for substance use, such as a methadone program, alcohol counseling, or drug counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction services, such as needle exchanges or supervised injection facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Outreach services</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation subsidies (e.g., bus tickets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare subsidies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child minding support in a dedicated children's space that your child(ren) can use while you receive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical and support services for your children, partner, or other family members regardless of HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Food supplements, such as a food bank, meal program, community kitchen, or vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with finding housing / housing referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Help with staying at work or returning to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with social assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance / Support / Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social activities, such as wellness retreats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Prefer not to answer
Training activities, such as skills development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health information materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health information programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to participate in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to participate in research that you consider <u>women-centred</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to receive peer support from other HIV-positive people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to provide peer support to other HIV-positive people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-Q35d. Indicate how much you agree with the following statements pertaining to this site:						
Regarding the last year...	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Prefer not to answer
“Overall, I think that the organization as a whole is <u>women-centred</u> ”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Overall, I think that the support I have received from this site has been <u>women-centred</u> ”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer Instruction: If the participant indicated receiving HIV related support from 2 or more sites, continue to S3Q36a. Otherwise, skip to S3-Q41.

S3-Q36a. Can you tell me the name of site 2 where you received HIV support services in the past year?

Specify the name of site 2:

- I have received HIV support in the last year, but do not feel comfortable naming the site
- Don't know the name of the site
- Prefer not to answer questions related to HIV support services → **Skip to question S3-Q41a**

S3-Q36b. Which of the following support services did you receive from this site in the past year?	[If S3-Q36b = 'Yes'] S3-Q36c. How often did you access this service, on average, over the past year from this site?
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	Yes	No	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Prefer not to answer
Sexual health services (e.g., sexually transmitted infection (STI) testing and treatment or condom distribution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite sexologist or sex therapist consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Prefer not to answer
Onsite access to complementary and alternative therapies, such as yoga, massage, and Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to allied health professionals, such as dentists, physiotherapists, or chiropractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite nutritionist / dietician consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite social worker consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite mental health services or counseling, (e.g., a psychiatrist or psychologist or counselor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support related to violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiretroviral Medication (ARV) adherence assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for substance use, such as a methadone program, alcohol counseling, or drug counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction services, such as needle exchanges or supervised injection facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation subsidies (e.g., bus tickets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare subsidies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child minding support in a dedicated children's space that your child(ren) can use while you receive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical and support services for your children, partner, or other family members regardless of HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Food supplements, such as a food bank, meal program, community kitchen, or vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with finding housing / housing referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Help with staying at work or returning to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with social assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance / Support / Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social activities, such as wellness retreats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Prefer not to answer
Training activities, such as skills development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health information materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health information programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to participate in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to participate in research that you consider <u>women-centred</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to receive peer support from other HIV-positive people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to provide peer support to other HIV-positive people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-Q36d. Indicate how much you agree with the following statements pertaining to this site:							
Regarding the last year...	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't know	Prefer not to answer
"Overall, I think that the organization as a whole is <u>women-centred</u> "	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Overall, I think that the support I have received from this site has been <u>women-centred</u> "	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer Instruction: If the participant indicated receiving HIV related support from 3 or more sites, continue to S3Q37a. Otherwise, skip to S3-Q41.

S3-Q37a. Can you tell me the name of site 3 where you received HIV support services in the past year?

Specify the name of site 3:

- I have received HIV support in the last year, but do not feel comfortable naming the site
- Don't know the name of the site
- Prefer not to answer questions related to HIV support services → **Skip to question S3-Q41a**

S3-Q37b. Which of the following support services did you receive from this site in the past year?	[If S3-Q37b = 'Yes'] S3-Q37c. How often did you access this service, on average, over the past year from this site?
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	Yes	No	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Prefer not to answer
Sexual health services (e.g., sexually transmitted infection (STI) testing and treatment or condom distribution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite sexologist or sex therapist consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Prefer not to answer
Onsite access to complementary and alternative therapies, such as yoga, massage, and Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to allied health professionals, such as dentists, physiotherapists, or chiropractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite nutritionist / dietician consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite <u>social worker</u> consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Onsite mental health services or counseling</u> , (e.g., a psychiatrist or psychologist or counselor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support related to violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiretroviral Medication (ARV) adherence assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for substance use, such as a methadone program, alcohol counseling, or drug counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction services, such as needle exchanges or supervised injection facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Outreach services</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation subsidies (e.g., bus tickets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare subsidies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child minding support in a dedicated children's space that your child(ren) can use while you receive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical and support services for your children, partner, or other family members regardless of HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Food supplements, such as a food bank, meal program, community kitchen, or vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with finding housing / housing referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Help with staying at work or returning to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Help with social assistance</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance / Support / Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social activities, such as wellness retreats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Prefer not to answer	Daily	Weekly	Monthly	Less than monthly	Only once or twice	Prefer not to answer
Training activities, such as skills development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health information materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health information programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to participate in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to participate in research that you consider <u>women-centred</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to receive peer support from other HIV-positive people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to provide peer support to other HIV-positive people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-Q37d. Indicate how much you agree with the following statements pertaining to this site:							
Regarding the last year...	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't know	Prefer not to answer
"Overall, I think that the organization as a whole is <u>women-centred</u> "	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Overall, I think that the support I have received from this site has been <u>women-centred</u> "	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-Q41a. Have you ever tried to access HIV support services and been unable to?

Select one.

- Yes
- No → **Skip to Question S3-Q42**
- Don't know → **Skip to Question S3-Q42**
- Prefer not to answer → **Skip to Question S3-Q42**

S3-Q41b. If yes, what was the problem?

Select all that apply.

- Don't have support services where I live
- Don't have a women's only program/Couldn't get support from my preferred gender
- Don't have a culturally specific program (e.g., Aboriginal only program)
- Long wait times/Waitlist/Hard to get an appointment

- Hours of operation were not accessible to me
- Transportation barriers
- Language barriers
- Cost (e.g., can't afford the fees)
- Childcare barriers (e.g., No place for women with kids/Couldn't find or afford childcare)
- Barrier from partner/Partner would not let me go
- Personal or family responsibilities
- Work responsibilities
- Poor treatment by provider
- Had negative experiences with staff or volunteers
- Drinking or using drugs
- Felt judged for drug or alcohol use
- The support service moved or closed
- Didn't feel safe going to that site/Dangerous neighbourhood
- Location of the site is highly stigmatized
- Involuntary status disclosure/ "Everyone will know I'm HIV positive if I go there"
- Concerns about confidentiality
- Didn't know where to go
- Turned down by a program/Kicked out
- HIV discrimination by doctors, nurses, other staff
- Other discrimination by doctors, nurses, other staff. (Please specify: _____)
- Other, please specify: _____
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S3-42. Please indicate to what extent each of the following circumstances have made it difficult for you to receive the care, services, or opportunities you wish to obtain over the past year.

	Major Problem	Somewhat of a problem	Very slight problem	No problem at all	Prefer not to answer
Long distances to medical facilities and personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical personnel (e.g. physicians, nurses), who decline to provide direct care to persons with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lack of health care professionals who are adequately trained and competent in HIV/AIDS care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lack of transportation to access the services you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The shortages of psychologists, social workers and mental health counselors who can help address mental health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lack of psychological support groups for persons with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of knowledge about HIV/AIDS among residents in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community residents' stigma against persons living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lack of employment opportunities for people living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lack of supportive and understanding work environments for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

people living with HIV/AIDS					
Your personal financial resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of adequate and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Women's Reproductive Health

Interviewer Instruction: If the participant did not indicate "Female" in S1-Q1, please only answer questions S4-Q5, S4-Q6a, S4-Q6b, S4-Q7, S4-Q8, S4-Q9, S4-Q17, S4-Q18, S4-Q19, S4-Q20, S4-Q21, S4-Q69, S4-Q70, S4-Q71, S4-Q72, and S4-Q73. These questions are prefaced with [All Participants].

S4-Q1. [If S1-Q1 = Female] Has a doctor or nurse ever discussed with you the need for regular Pap tests?

Select one.

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

S4-Q2. [If S1-Q1 = Female] Have you ever had a Pap test?

Select one.

- Yes
- No → **Skip to question S4-Q4**
- Don't know → **Skip to question S4-Q5**
- Prefer not to answer → **Skip to question S4-Q5**

S4-Q3. [If S1-Q1 = Female] When, approximately, was the last time you had a Pap test?

Select one.

- Less than 6 months ago → **Skip to question S4-Q5**
- 6 months to less than 1 year ago → **Skip to question S4-Q5**
- 1 year to less than 3 years ago
- 3 years to less than 5 years ago
- 5 years ago or more
- Don't know
- Prefer not to answer

S4-Q4. [If S1-Q1 = Female] Canadian guidelines recommend that HIV-positive women receive Pap tests at least annually. What are the reasons you have not had a Pap test in the past year?

Select all that apply.

- I have not gotten around to it
- I did not think it was necessary
- My health care provider has never mentioned it
- I Don't have access to pap tests where I live
- I Don't have access to a women's only clinic
- I couldn't get a doctor of my preferred gender
- Long wait times/Waitlist/Hard to get an appointment
- Hours of operation were not accessible to me
- Transportation barriers
- Language barriers
- Cost

- Childcare barriers
- Personal or family responsibilities
- Did not know where to go
- Fear (e.g., painful, embarrassing, find something wrong)
- Dislike having the procedure done
- Don't like my gynecologist
- Fear/embarrassed to share my HIV diagnosis with another doctor
- As a post-op Trans woman, I was told by my doctor that I don't need one
- As a post-op Trans man, I no longer have a cervix
- I have not had sex, so do not consider myself at high risk
- My cervix has been removed
- Other, please specify: _____
- Don't know
- Prefer not to answer

S4-Q5. [All participants] Have you accessed gynecological care in the past year?

- Yes
- No → **Skip to question S4-Q6b**
- Not applicable - I do not have female genitalia → **Skip to question S4-Q7**
- Don't know → **Skip to question S4-Q6b**
- Prefer not to answer → **Skip to question S4-Q6b**

S4-Q6a. [All participants] Where have you accessed gynecological care in the past year?

Select all that apply.

- Family doctor office
- HIV specialist clinic
- Gynecologist clinic
- Women's only clinic
- Trans-centred clinic
- As part of a research study
- Other, please specify: _____
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S4-Q6b. [All participants] Where would you feel most comfortable accessing gynecological care?

Select all that apply.

- Family doctor office
- HIV specialist clinic
- Gynecologist clinic
- Women's only clinic
- Trans-centred clinic
- Other, please specify: _____
- I don't feel comfortable accessing gynecological care anywhere **[Exclusive]**
- I would feel comfortable accessing gynecological care anywhere **[Exclusive]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S4-Q7. [All participants] Have you ever had a mammogram?

Select one.

- Yes
- No → **Skip to question S4-Q9**
- Don't know → **Skip to question S4-Q10**
- Prefer not to answer → **Skip to question S4-Q10**

S4-Q8. [All participants] When approximately was your last mammogram?

Select one.

- Less than 6 months ago → Skip to question S4-Q10
- 6 months to less than 1 year ago → Skip to question S4-Q10
- 1 year to less than 2 years ago → Skip to question S4-Q10
- 2 years to less than 5 years ago
- 5 years ago or more
- Don't know → Skip to question S4-Q10
- Prefer not to answer → Skip to question S4-Q10

S4-Q9. [All participants] Canadian guidelines recommend routine mammograms every 2 years if you are over 50, or if you have a higher risk of breast cancer. What are the reasons you have not had a mammogram in the past 2 years?

Select all that apply.

- I'm not over 50 years of age, and don't consider myself at higher risk
- I've had my breasts removed/Mastectomy
- I have not gotten around to it
- I did not think it was necessary
- My health care provider has never mentioned it
- I don't have access to mammograms where I live
- I don't have a women's only clinic
- I couldn't get a doctor of my preferred gender
- Long wait times/Waitlist/Hard to get an appointment
- Hours of operation were not accessible to me
- Transportation barriers
- Language barriers
- Cost
- Childcare barriers
- Personal or family responsibilities
- Did not know where to go
- Fear (e.g., painful, embarrassing, find something wrong)
- Dislike having the procedure done
- As a post-op Trans woman, I was told by my doctor that I don't need one
- Other, please specify: _____
- Don't know
- Prefer not to answer

S4-Q10. [If S1-Q1 = Female] Have you had a hysterectomy?

Select one.

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

S4-Q11. [If S1-Q1 = Female] Have you had your cervix removed (alone or as part of a total hysterectomy)?

Select one.

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

S4-Q12. [If S1-Q1 = Female] Have you had a tubal ligation?

Select one.

- Yes
- No → **Skip to question S4-Q16**
- Don't know → **Skip to question S4-Q16**
- Prefer not to answer → **Skip to question S4-Q16**

S4-Q13. [If S1-Q1 = Female] In which country was the tubal ligation performed?

Indicate country:

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q14. [If S1-Q1 = Female] Did you personally wish for the tubal ligation or was it the procedure forced or coerced upon you by another person?

Select one.

- I wanted the procedure → **Skip to question S4-Q16**
- The procedure was forced upon me
- The procedure was medically necessary → **Skip to question S4-Q16**
- Don't know → **Skip to question S4-Q16**
- Prefer not to answer → **Skip to question S4-Q16**

S4-Q15. [If S1-Q1 = Female] Was the procedure forced or coerced upon you due to your HIV status?

Select one.

- No, the procedure occurred before I was diagnosed with HIV
- No, the procedure was done for reasons other than my HIV status
- Yes, the procedure was because of my HIV status
- Don't know
- Prefer not to answer

S4-Q16. [If S1-Q1 = Female] Have you had one or both ovaries removed?

Select one.

- Yes, one ovary removed
- Yes, both ovaries removed
- No
- Don't know
- Prefer not to answer

S4-Q17. [all participants] Have you ever been diagnosed with any form of cancer?

Select one.

- Yes
- No → **Skip to question S4-Q22a**
- Don't know → **Skip to question S4-Q22a**
- Prefer not to answer → **Skip to question S4-Q22a**

S4-Q18. [all participants] Which of the following cancers have you been diagnosed with?

Select all that apply.

- Ovarian
- Endometrial
- Cervical
- Vulvar
- Lymphoma/Leukemia
- Bladder
- Bowel
- Kidney

- Liver
- Lung
- Breast
- Skin
- Other, please specify: _____
- Don't know[exclusive]
- Prefer not to answer[exclusive]

S4-Q19. [all participants] Have you ever undergone chemotherapy?

Select one.

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

S4-Q20. [all participants] Have you ever undergone radiation therapy?

Select one.

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

S4-Q21. [all participants] Have you ever undergone any cancer-related surgery?

Select one.

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

S4-Q22a. [If S1-Q1 = Female] Have you ever had a menstrual period?

Select one.

- Yes
- No → Skip to question S4-Q41
- Don't know → Skip to question S4-Q41
- Prefer not to answer → Skip to question S4-Q41

S4-Q22b. [If S1-Q1 = Female] How old were you when you had your first menstrual period?

Probe best estimate.

Indicate age in years: _____

- Don't know
- Prefer not to answer

S4-Q23. [If S1-Q1 = Female] Are you currently using any type of regular hormonal birth control method?

Select one.

- Yes
- No → Condition 1/2 to be eligible for questions S4-Q25-34
- Don't know
- Prefer not to answer

S4-Q24. [If S1-Q1 = Female] When did you start your most recent menstrual period?

Select one.

Probe best estimate

- Within the last month → **Condition 2/2 to be eligible for questions S4-Q25-34**
- More than 1 month ago, but within the last 3 months → **Condition 2/2 to be eligible for S4-Q25-34**
- More than 3 months ago, but within the last 6 months → **Condition 2/2 to be eligible for S4-Q25-34**
- More than 6 months ago, but within the last 9 months → **Skip to question S4-Q35**
- More than 9 months ago, but within the last year → **Skip to question S4-Q35**
- More than 1 year ago, but within the last 2 years → **Skip to question S4-Q35**
- More than 2 years ago → **Skip to question S4-Q37**
- Don't know → **Skip to question S4-Q35**
- Prefer not to answer questions about menstruation → **Skip to question S4-Q35**

Interviewer instructions: Questions S4-Q25 through 24-Q34 are only for participants who (1) reported being female in S1-Q1, (2) reported not using any type of hormonal birth control in S4-Q23 and (3) reported starting their most recent period within the last 6 months in S4-Q24. Participants that do not meet all three conditions are to skip to question S4-Q35.

S4-Q25. [If S1-Q1 = Female]and[if conditions in S4-Q23 and S4-Q24 are met] In the last six months, what was the usual length of your menstrual cycles?

Select one.

- Less than 24 days
- Between 24-35 days
- Greater than 35 days
- Too variable or irregular to say
- Don't know
- Prefer not to answer

S4-Q26. [If S1-Q1 = Female]and[if conditions in S4-Q23 and S4-Q24 are met] Which of the following describes your menstrual cycles in the last six months as compared to the six months before that? Have they...

Select one.

- Stayed the same
- Become longer
- Become shorter
- Too irregular to say
- Not Applicable - no menstrual period in the 6 months prior
- Don't know
- Prefer not to answer

S4-Q27. [If S1-Q1 = Female]and[if conditions in S4-Q23 and S4-Q24 are met] In the last six months, have you at any time gone more than two months without your menstrual period?

Select one.

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

S4-Q28. [If S1-Q1 = Female]and[if conditions in S4-Q23 and S4-Q24 are met] How would you describe your menstrual flow in the last six months? My menstrual bleeding has been or was:

Select one.

- Light
- Medium
- Heavy
- Very heavy
- Too irregular to say
- Don't know

- Prefer not to answer

S4-Q29. **[If S1-Q1 = Female]and [if conditions in S4-Q23 and S4-Q24 are met]** Which of the following describes your menstrual flow in the last six months as compared to the six months before that? My menstrual bleeding has:

Select one.

- Stayed the same
- Become lighter
- Become heavier
- Too irregular to say
- Not Applicable - no menstrual period in the six months prior
- Don't know
- Prefer not to answer

S4-Q30. **[If S1-Q1 = Female]and[if conditions in S4-Q23 and S4-Q24 are met]** Which of the following describes the duration of your menstrual period in the last six months?

Select one.

- Less than 4 days
- Between 4-7 days
- Greater than 7 days
- Too irregular to say
- Don't know
- Prefer not to answer

S4-Q31. **[If S1-Q1 = Female]and [if conditions in S4-Q23 and S4-Q24 are met]** Which of the following describes the duration of your menstrual period in the last six months as compared to the six months before that? My menstrual periods have:

Select one.

- Stayed the same
- Become longer
- Become shorter
- Too irregular to say
- Not Applicable - no menstrual period in the six months prior
- Don't know
- Prefer not to answer

S4-Q32. **[If S1-Q1 = Female]and [if conditions in S4-Q23 and S4-Q24 are met]** In the last six months, have you had spotting or bleeding between menstrual periods?

Select one.

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

S4-Q33. **[If S1-Q1 = Female]and [if conditions in S4-Q23 and S4-Q24 are met]** In the last six months, did you have menstrual pains?

Select one.

- Yes
- No → Skip to question S4-Q35
- Don't know → Skip to question S4-Q35
- Prefer not to answer → Skip to question S4-Q35

S4-Q34. [If S1-Q1 = Female] and [if conditions in S4-Q23 and S4-Q24 are met] How painful would you describe your menstrual pains? Was the pain:

Select one.

- Mild
- Moderate
- Severe
- Too irregular to say
- Don't know
- Prefer not to answer

S4-Q35. [If S1-Q1 = Female] In the past two years, has your menstrual period come late or early by more than a week for reasons other than pregnancy?

Select one.

- Yes
- No → Skip to question S4-Q41
- Don't know → Skip to question S4-Q41
- Prefer not to answer → Skip to question S4-Q41

S4-Q36. [If S1-Q1 = Female] In the past two years, how many times has that happened?

Indicate number of times: _____

- Don't know
- Prefer not to answer

S4-Q37. [If S1-Q1 = Female] How would you describe your current menstrual status as it relates to menopause?

Select one.

- Premenopausal → Skip to question S4-Q41
- Perimenopausal → Skip to question S4-Q40a
- Postmenopausal
- Don't know → Skip to question S4-Q41
- Prefer not to answer → Skip to question S4-Q41

S4-Q38. When did you complete menopause?

Indicate year: _____

- Don't know
- Prefer not to answer

S4-Q39. [If S1-Q1 = Female] Which one of the reasons listed below describes the main reason you haven't had your period for more than 12 months?

Select one.

- I've gone through spontaneous menopause
- I've undergone surgery that induced menopause
- I've undergone menopause due to chemotherapy or radiation therapy
- I've experienced/been diagnosed with premature ovarian failure
- I've experienced/been diagnosed with Polycystic Ovarian Syndrome
- Other, please specify: _____
- Don't know
- Prefer not to answer

S4-Q40a. [If S1-Q1 = Female] The following is a list of symptoms which may affect us from time to time in our daily lives. Thinking back over the past two weeks, please indicate how frequently you experienced any of the following and how much you were bothered by the symptom. If "not at all", then skip to next symptom.

How often have you had...							S4-Q40b. [if S4-Q40a does not equal 'not at all' or 'Prefer not to answer'] How much are you usually bothered?				
	Every day	9-13 days	6-8 days	1-5 days	Not at all	Prefer not to answer	A lot	Moderately	Very little	Not at all	Prefer not to answer
...Hot flashes or flushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Back aches or pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Every day	9-13 days	6-8 days	1-5 days	Not at all	Prefer not to answer	A lot	Moderately	Very little	Not at all	Prefer not to answer
...Stiffness or soreness in joints, neck or shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Cold sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Night sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Vaginal dryness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Feeling blue or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Dizzy spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Irritability or grouchiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Feeling tense or nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Frequent mood changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Heart pounding or racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Feeling fearful for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Bladder leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4-Q41. [If S1-Q1 = Female] Do you have a biological mother or biological sister who entered natural menopause before the age of 40?

Select one.

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

S4-Q42. [If S1-Q1 = Female] Are you currently pregnant?

Select one.

- Yes → Skip to question S4-Q44
- No
- Don't know
- Prefer not to answer

S4-Q43. Have you ever been pregnant? This includes all pregnancies, whether the outcome was a live birth, miscarriage, stillbirth, termination of pregnancy (abortion), or an ectopic/tubal pregnancy.

Select one.

- Yes
- No → **Skip to question 66**
- Prefer not to answer → **Skip to question 66**

S4-Q44. Excluding your current pregnancy (if applicable), how many times have you ever been pregnant?

Indicate number of pregnancies: _____ → **[if 0, skip to S4-QCPa]**

- Don't know → **[if currently pregnant, skip to S4-QCPa][if not, skip to S4Q69]**
- Prefer not to answer → **[if currently pregnant, skip to S4-QCPa][if not, skip to S4Q69]**

S4-Q45a. What was the outcome of each pregnancy? <i>Select one.</i>	Pregnancy (From first pregnancy to last pregnancy)							
	1	2	3	4	5	6	7	8
Single live birth [Continue to Part A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple live births [Continue to Part A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscarriage [Skip to Part B]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stillbirth [Skip to Part B]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy termination [Skip to Part B]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ectopic pregnancy [Skip to Part B]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know [Skip to Next Pregnancy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer [Skip to Next Pregnancy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part A: Single and Multiple Live Birth Questions								
S4-Q45b. [If multiple live births] How many live births occurred? <i>Select one.</i>								
Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45d. Was this a planned pregnancy? <i>Select one.</i>								
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45e. Were you diagnosed with HIV before, during, or after this pregnancy? <i>Select one.</i>								
Diagnosed before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed during	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45g. [If diagnosed before] Were you on HIV antiretroviral therapy (ART) before you became pregnant? <i>Select one.</i>								
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45h. [If diagnosed during] How many weeks pregnant were you when you started antiretroviral therapy (ART)?								
Indicate number of weeks:	—	—	—	—	—	—	—	—
N/A, did not receive ART during this pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7	8
S4-Q45i. When did you deliver?								
Indicate month and year of delivery:	—	—	—	—	—	—	—	—
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45j. How far along (in weeks) were you when you delivered?								
Indicate number of weeks:	—	—	—	—	—	—	—	—
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45k. Was the baby delivered by vaginal delivery or caesarean? Select one.								
Vaginal delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caesarean delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45l. Was the baby born in Canada? Select one.								
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45m. Did you breastfeed your baby, even if only for a short time? Select one.								
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45n. Was your baby tested for HIV at birth, within 10 years of birth, or not at all?								
<i>In the case of multiple live births, this question would apply for the first baby. Select one.</i>								
Yes, tested at birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, tested within 10 years of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but not within 10 years of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, not that I know of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, because I had not been diagnosed with HIV yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45o. [If tested for HIV] What was the final result of the HIV test? Select one.								
HIV-Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV-Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing underway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45p. Who is the child living with today?								
<i>Select one.</i>								
Both biological parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Another family member or relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Protective Services (CPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is an adult, now living on their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify (notes section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part A: Proceed only if multiple live births

	1	2	3	4	5	6	7	8
S4-Q45q. [If 2 or more live births] Was your second baby tested for HIV at birth, within 10 years of birth, or not at all? <i>Select one.</i>								
Yes, tested at birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, tested within 10 years of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but not within 10 years of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, not that I know of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, because I had not been diagnosed with HIV yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45r. [If tested for HIV] What was the final result of the HIV test for the second baby? <i>Select one.</i>								
HIV-Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV-Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing underway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45s. [If 2 or more live births] Who is the second child living with today? <i>Select one.</i>								
Both biological parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another family member or relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Protective Services (CPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is an adult, now living on their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify (notes section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45t. [If 3 or more live births] Was your third baby tested for HIV at birth, within 10 years of birth, or not at all? <i>Select one.</i>								
Yes, tested at birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, tested within 10 years of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but not within 10 years of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, not that I know of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, because I had not been diagnosed with HIV yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prefer not to answer								
S4-Q45u. [If tested for HIV] What was the final result of the HIV test for the third baby? Select one.								
HIV-Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV-Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing underway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7	8
S4-Q45v. [If 3 or more live births] Who is the third child living with today? Select one.								
Both biological parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another family member or relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Protective Services (CPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is an adult, now living on their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify (notes section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part B: If not live birth								
S4-Q45d. Was this a planned pregnancy? Select one.								
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45e. Were you diagnosed with HIV before, during, or after this pregnancy? Select one.								
Diagnosed before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed during	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45g. [If diagnosed before] Were you on HIV antiretroviral therapy (ART) before you became pregnant? Select one.								
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45h. [If diagnosed during] How many weeks pregnant were you when you started antiretroviral therapy (ART)?								
Indicate number of weeks:								
N/A, did not receive ART during this pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45w. When did the pregnancy end?								
Indicate month and year:	__	__	__	__	__	__	__	__

Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4-Q45x. How many weeks had you been pregnant when the pregnancy ended?								
Indicate number of weeks:	—	—	—	—	—	—	—	—
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Notes on Pregnancies

Pregnancy 1
Pregnancy 2
Pregnancy 3
Pregnancy 4
Pregnancy 5
Pregnancy 6
Pregnancy 7
Pregnancy 8

Interviewer instructions: If the participant is currently pregnant, continue to S4-QCPa. Otherwise, skip to S4-Q53.

S4-QCPa.[if currently pregnant] For your current pregnancy, how many weeks pregnant are you?

Indicate number of weeks: _____

- Don't know
- Prefer not to answer

S4-QCPb.[if currently pregnant] Was this a planned pregnancy?

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

S4-QCPc. [if currently pregnant] Were you diagnosed with HIV before or during this pregnancy?

Select one.

- Diagnosed before

- Diagnosed during
- Don't know
- Prefer not to answer

S4-QCPd. [If diagnosed before] Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one.

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

S4-QCPe. [if diagnosed during] How many weeks pregnant were you when you started HIV antiretroviral therapy (ART)?

Select one.

Indicate number of weeks: _____

- Not Applicable, did not receive ART during this pregnancy **[exclusive]**
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

Interviewer instructions: Questions S4-Q53 through S4-Q61 are for participants that reported (1) being currently pregnant in S4-Q42 or (2) ever being pregnant in S4-Q43

S4-Q53. [If S4-Q42=Yes]or[S4-Q43 = Yes] The following questions are about your attitudes, feelings and experiences with your current or most recent pregnancy. When I ask questions about your sexual partner, please refer to the partner that you had at the time you became pregnant. How did it feel when you found out you were pregnant?

Select one.

- Very happy to be pregnant
- Happy to be pregnant
- Not sure
- Unhappy to be pregnant
- Very unhappy to be pregnant
- Don't know
- Prefer not to answer

S4-Q54 . [If S4-Q42=Yes]or[S4-Q43 = Yes] How would you describe the time during your current or most recent pregnancy?

Select one.

- One of the happiest times of my life
- A happy time with a few problems
- A moderately hard time
- A very hard time
- One of the worst times of my life
- Don't know
- Prefer not to answer

S4-Q55. [If participant had a previous pregnancy] How would you describe the 12 months after your most recent pregnancy (or less than 12 months, if the pregnancy was very recent)?

Select one.

- One of the happiest times of my life
- A happy time with a few problems
- A moderately hard time
- A very hard time

- One of the worst times of my life
- Not applicable - currently pregnant
- Don't know
- Prefer not to answer

S4-Q56. [If S4-Q42=Yes]or[S4-Q43 = Yes] At any time during your current or most recent pregnancy, or within 12 months after the end of your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had depression?

Select one.

- Yes
- No → Skip to question S4-Q58
- Don't know → Skip to question S4-Q58
- Prefer not to answer → Skip to question S4-Q58

S4-Q57. [S4-Q56 = Yes] At any time during your current or most recent pregnancy, or within 12 months after the end of your most recent pregnancy, did you take prescription medicine for your depression?

Select one.

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

S4-Q58. [If S4-Q42=Yes]or[S4-Q43 = Yes] Did you take a vitamin supplement containing folic acid before your current or most recent pregnancy? That is, before you found out that you were pregnant?

Select one.

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

S4-Q59. [If S4-Q42=Yes]or[S4-Q43 = Yes] Did you experience any challenges or difficulties getting pregnant?

Select one.

- Yes, experienced difficulties getting pregnant
- Yes, because did not have a sexual partner at the time
- Yes, because sexual partner is/was same-sex
- No, did not have difficulties when trying to get pregnant → Skip to question S4-Q62
- No, was not trying/planning to get pregnant → Skip to question S4-Q62
- Prefer not to answer → Skip to question S4-Q62

S4-Q60. [If S4-Q42=Yes]or[S4-Q43 = Yes] Did you access any fertility services to help you become pregnant?

Select one.

- Yes
- No → Skip to question S4-Q62
- Prefer not to answer → Skip to question S4-Q62

S4-Q61. [If S4-Q42=Yes]or[S4-Q43 = Yes] Which fertility services did you use before getting pregnant?

Select all that apply.

- Sperm or egg donation
- Fertility enhancing drugs prescribed by a doctor
- Artificial insemination or intrauterine insemination
- Assisted reproductive technology
- Male infertility treatment options
- Other, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q62. See interviewer instructions below before continuing.

Interviewer instructions: Questions S4-Q62 through S4-Q65 require information from the participants most recent pregnancy. Please identify if the participant was diagnosed with HIV before, during, or after their most recent pregnancy, and circle the correct answer below for your reference. (See question S4-QCPc and S4-Q45d above).

Diagnosed Before / Diagnosed During / Diagnosed After

S4-Q62. Did you know whether the other biological parent (i.e. father, sperm donor) was HIV-negative, HIV-positive, or unknown HIV status before your current or most recent pregnancy?

Select one.

- HIV-positive → If participant was diagnosed during or after, skip to S4-Q64
→ If participant was diagnosed before, skip to S4-Q69
- HIV-negative → If participant was diagnosed before, continue to S4-Q63
→ If participant was diagnosed during or after, skip to S4-Q69
- Unknown HIV status → If participant was diagnosed before, continue to S4-Q63
→ If participant was diagnosed during or after, skip to S4-Q69
- Not Applicable - HIV was not yet discovered when I was last pregnant → Skip to S4-Q69
- Prefer not to answer → Skip to S4-Q69

S4-Q63. Did you and/or the other biological parent do anything around the time you got pregnant to reduce the risk of the other biological parent from acquiring HIV?

Select one.

- Yes → Skip to question S4-Q65
- No → Skip to question S4-Q69
- Don't know → Skip to question S4-Q69
- Prefer not to answer → Skip to question S4-Q69

S4-Q64. Did you and/or the other biological parent do anything around the time you got pregnant to reduce the risk of you acquiring HIV?

Select one.

- Yes (e.g., used IVF technologies to become pregnant)
- No → Skip to question S4-Q69
- Don't know → Skip to question S4-Q69
- Prefer not to answer → Skip to question S4-Q69

S4-Q65. Can you tell me what you did?

Select all that apply.

- Sperm washing
- Sperm donation
- Home, manual insemination (e.g., 'turkey baster method')

- Restricted unprotected sex to most fertile times (e.g., 'timed ovulation')
- The HIV-negative sexual partner used pre-exposure prophylaxis with ART (PrEP)
- Waited to have unprotected sex until HIV-positive sexual partner was on ART and virally suppressed
- Artificial insemination or intrauterine insemination at a fertility clinic
- Used other assisted reproductive services from a fertility clinic, which may include in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), or donor embryo transfer.
- Other, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

→ When complete, skip to question S4-Q69

Interviewer instructions: Questions S4-Q66 through S4-Q68 are for participants who have never been pregnant, as reported in S4-Q43.

S4-Q66. [if S4-Q42 = No] Have you ever experienced any challenges or difficulties trying to get pregnant?

Select one.

- Yes, experienced difficulties
- Yes, because did not have a sexual partner at the time
- Yes, because sexual partner is/was same-sex
- No, have never tried to get pregnant → Skip to question S4-Q69
- Prefer not to answer → Skip to question S4-Q69

S4-Q67. [if S4-Q42 = No] Have you ever accessed any fertility services?

Select one.

- Yes
- No → Skip to question S4-Q69
- Prefer not to answer → Skip to question S4-Q69

S4-Q68. [if S4-Q42 = No] Did you use any of the following fertility treatments or services?

Select one.

- Sperm or egg donation
- Fertility enhancing drugs prescribed by a doctor
- Artificial insemination or intrauterine insemination
- Assisted reproductive technology
- Male infertility treatment options
- Other, please specify: _____
- Don't know
- Prefer not to answer

S4-Q69. [All participants] Do you currently have a healthcare provider with whom you feel comfortable talking to about your reproductive goals?

Select one.

- Yes
- No
- Not applicable - unable / don't want to have children
- Don't know
- Prefer not to answer

S4-Q70. [All participants] Since knowing your HIV status, have you ever discussed your reproductive goals with a healthcare provider?

Select one.

- Yes
- No → Skip to question S4-Q74
- Not applicable - unable / don't want to have children → Skip to question S4-Q76
- Don't know → Skip to question S4-Q74

- Prefer not to answer → **Skip to question S4-Q74**

S4-Q71. [All participants] When was the last time you discussed your reproductive goals with a healthcare provider?

Select one.

- Within the last year
- 1 - 3 years ago
- 3 - 5 years ago
- 5 years ago or more
- Don't know
- Prefer not to answer

S4-Q72. [All participants] Did this healthcare provider know your HIV status?

Select one.

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

S4-Q73. [All participants] Thinking about the last time you discussed your reproductive goals with a healthcare provider, who initiated the conversation?

Select one.

- You
- Your sexual partner
- Nurse
- Family doctor
- HIV specialist
- Obstetrics and gynecology doctor
- Counsellor
- Other, please specify: _____
- Don't know
- Prefer not to answer

S4-Q74. [If S1-Q1 = Female] Do you intend to become pregnant in the future?

Select one.

- Yes
- No → **Skip to question S4-Q76**
- Don't know → **Skip to question S4-Q76**
- Prefer not to answer → **Skip to question S4-Q76**

S4-Q75. [If S1-Q1 = Female] When in the future do you intend to become pregnant?

Select one.

- I'd like to get pregnant now
- Not now, but within 1 year
- In 1 to 2 years from now
- In 3 to 4 years from now
- More than 4 years from now
- Don't know
- Prefer not to answer

S4-Q76. [All participants] In the past six months, have you used any form of contraception, safer sex method, or any other means to prevent pregnancy, to avoid getting or giving sexually transmitted infections, or to regulate your periods?

Select one.

- Yes

- No → **Skip to S4-Q99**
- Don't know → **Skip to next section**
- Prefer not to answer → **Skip to next section**

S4-Q77a. In the past 6 months, have you used an oral contraceptive, also known as 'the pill'?

Select one.

- Yes
- No → **Skip to question S4-Q78a**
- Don't know → **Skip to question S4-Q78a**
- Prefer not to answer → **Skip to question S4-Q78a**

S4-Q77b. For which of the following reasons did you use this method?

Select all that apply.

- Birth control
- To regulate your menstrual periods and/or menstrual symptoms
- To help control menopausal symptoms
- For any other reason, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q78a. In the past 6 months, have you used an injection, also known as 'Depo-provera'?

Select one.

- Yes
- No → **Skip to question S4-Q79a**
- Don't know → **Skip to question S4-Q79a**
- Prefer not to answer → **Skip to question S4-Q79a**

S4-Q78b. For which of the following reasons did you use this method?

Select all that apply.

- Birth control
- To regulate your menstrual periods and/or menstrual symptoms
- To help control menopausal symptoms
- For any other reason, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q79a. In the past 6 months, have you used NuvaRing, a vaginal ring containing hormone that you insert once a month?

Select one.

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

S4-Q80a. In the past 6 months, have you used a contraceptive patch, also known as Ortho Evra and used once a week?

Select one.

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

S4-Q81a. In the past 6 months, have you used an intrauterine device, also known as an "IUD" or "Copper IUD"?

Select one.

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

S4-Q82a. In the past 6 months, have you used an Intrauterine System, also known as an "IUS" or "Mirena"?

Select one.

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

S4-Q83a. In the past 6 months, have you used an Implanon, also known as a "progestin implantable contraceptive"?

Select one.

- Yes
- No → Skip to question S4-Q84a
- Don't know → Skip to question S4-Q84a
- Prefer not to answer → Skip to question S4-Q84a

S4-Q83b. For which of the following reasons did you use this method?

Select all that apply.

- Birth control
- To regulate your menstrual periods and/or menstrual symptoms
- To help control menopausal symptoms
- For any other reason, please specify: _____
- Don't know [exclusive]
- Prefer not to answer [exclusive]

S4-Q84a. In the past 6 months, have you used a diaphragm, also known as a "cervical cap"?

Select one.

- Yes
- No → Skip to question S4-Q85a
- Don't know → Skip to question S4-Q85a
- Prefer not to answer → Skip to question S4-Q85a

S4-Q84b. For which of the following reasons did you use this method?

Select all that apply.

- Birth control
- To regulate your menstrual periods and/or menstrual symptoms
- To help control menopausal symptoms
- For any other reason, please specify: _____
- Don't know [exclusive]
- Prefer not to answer [exclusive]

S4-Q85a. In the past 6 months, have you used any vaginal creams, jellies, or foams?

Select one.

- Yes
- No → Skip to question S4-Q85c
- Don't know → Skip to question S4-Q85c
- Prefer not to answer → Skip to question S4-Q85c

S4-Q85b. For which of the following reasons did you use this method?

Select all that apply.

- Birth control

- To regulate your menstrual periods and/or menstrual symptoms
- To help control menopausal symptoms
- For any other reason, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q85c. In the past 6 months, have you used the sponge?

Select one.

- Yes
- No → **Skip to question S4-Q86a**
- Don't know → **Skip to question S4-Q86a**
- Prefer not to answer → **Skip to question S4-Q86a**

S4-Q85d. For which of the following reasons did you use this method?

Select all that apply.

- Birth control
- To regulate your menstrual periods and/or menstrual symptoms
- To help control menopausal symptoms
- For any other reason, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q86a. In the past 6 months, have you used any emergency contraception, commonly known as "Plan B", "the morning after pill", "Ovral" or "Preven"?

Select one.

- Yes
- No → **Skip to question S4-Q87a**
- Don't know → **Skip to question S4-Q87a**
- Prefer not to answer → **Skip to question S4-Q87a**

S4-Q86b. How many times have you taken emergency contraception during the last 6 months?

Indicate number of times: _____

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q87a. In the past 6 months, have you used the rhythm method or the withdrawal method?

Select one.

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

S4-Q88a. In the past 6 months, have you used male condoms?

Select one.

- Yes
- No → **Skip to question S4-Q89a**
- Don't know → **Skip to question S4-Q89a**
- Prefer not to answer → **Skip to question S4-Q89a**

S4-Q88b. For which of the following reasons did you use this method?

Select all that apply.

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)

- For any other reason, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q88c. In the past six months, how often were male condoms used during sex?

Select one

- Always (100% of the time)
- Usually (Over 75% of the time)
- Sometimes (Between 25% and 75% of the time)
- Occasionally (Less than 25% of the time)
- None of the time (0% of the time)
- Don't know
- Prefer not to answer

S4-Q89a. In the past 6 months, have you used female condoms?

Select one.

- Yes
- No → **Skip to question S4-Q90a**
- Don't know → **Skip to question S4-Q90a**
- Prefer not to answer → **Skip to question S4-Q90a**

S4-Q89b. For which of the following reasons did you use this method?

Select all that apply.

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- For any other reason, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q89c. In the past six months, how often were female condoms used during sex?

Select one

- Always (100% of the time)
- Usually (Over 75% of the time)
- Sometimes (Between 25% and 75% of the time)
- Occasionally (Less than 25% of the time)
- None of the time (0% of the time)
- Don't know
- Prefer not to answer

S4-Q90a. In the past 6 months, have you practiced abstinence with biological male partners?

Select one.

- Yes
- No → **Skip to question S4-Q91a**
- Don't know → **Skip to question S4-Q91a**
- Prefer not to answer → **Skip to question S4-Q91a**

S4-Q90b. For which of the following reasons did you use this method?

Select all that apply.

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- For any other reason, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q91a. In the past 6 months, have you used any other method to avoid getting pregnant?

Select one.

- Yes
- No → **Skip to question S4-Q92a**
- Don't know → **Skip to question S4-Q92a**
- Prefer not to answer → **Skip to question S4-Q92a**

S4-Q91b. Please specify what other methods were used:

Indicate methods: _____

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q92a. In the past 6 months, have you used any other method such as dental dams or saran wrap, to avoid getting or giving sexually transmitted diseases or HIV?

Select one.

- Yes
- No → **Skip to question S4-Q93**
- Don't know → **Skip to question S4-Q93**
- Prefer not to answer → **Skip to question S4-Q93**

S4-Q92b. Please specify what other methods were used:

Indicate methods: _____

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S4-Q93. If your current primary sexual partner is a biological man, has he undergone a vasectomy to avoid having any more children?

Select one.

- Yes
- No
- Not Applicable (e.g. no current primary sexual partner/ I am not having sex with a biological man)
- Don't know
- Prefer not to answer

S4-Q94. See interviewer instruction before continuing.

Interviewer instruction: question S4-Q94 is intended for participants who are using more than one contraceptive or safer sex method.

If the participant is using only one contraceptive and/or safer sex method, please skip to question S4-Q95.

If the participant is not using any contraceptive method, please skip to question S4-Q99

[Of selected contraceptives] Can you tell me the primary contraceptive or safer sex method that you are currently using?

Please ensure the participant reported using this contraceptive or safer sex method above

Select one.

- Oral contraceptive (e.g., "the pill")
- Injection (i.e., Depo-provera)
- NuvaRing

- Contraceptive patch (i.e., Ortho Evra)
- Intrauterine Device (e.g., "IUD", "Copper IUD")
- Intrauterine System (e.g., "IUS", Mirena)
- Implanon (i.e., progestin implantable contraceptive)
- Diaphragm (i.e., cervical cap)
- Vaginal cream/Jellies/Foams
- The sponge
- Emergency contraception (e.g., "Plan B", "The morning after pill", Ovral, Preven)
- Rhythm method/Withdrawal method
- Male condoms
- Female condoms
- Conscious abstinence from biological male partners for past 6 months
- Male sterilization/Vasectomy
- Hysterectomy
- Tubal ligation
- Other, please specify: _____
- Don't know
- Prefer not to answer

S4-Q95. Overall, how satisfied are you with your current contraceptive or safer sex method(s)?

Select one.

- Extremely satisfied
- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Extremely dissatisfied
- Don't know
- Prefer not to answer

S4-Q96. Would you prefer to use different contraceptive or safer sex method(s) other the one(s) you are currently using?

Select one.

- Yes
- No → **Skip to next section**
- Don't know → **Skip to next section**
- Prefer not to answer → **Skip to next section**

S4-Q97. What method(s) would you prefer to use?

Select all that apply.

- Oral contraceptive (e.g., "the pill")
- Injection (i.e., Depo-provera)
- Implanon (i.e., progestin implantable contraceptive)
- Male condoms
- Female condoms
- Conscious abstinence from biological male partners for past 6 months
- Rhythm method/Withdrawal method
- Intrauterine Device (e.g., "IUD", "Copper IUD")
- Intrauterine System (e.g., "IUS", Mirena)
- Diaphragm (i.e., cervical cap)
- Vaginal cream/Jellies/Foams
- The sponge
- NuvaRing (i.e., a vaginal ring containing hormone that you insert once a month)

- Contraceptive patch (also known as Ortho Evra and used once a week)
- Emergency contraception (e.g., "Plan B", "The morning after pill", Ovral, Preven)
- Male sterilization/Vasectomy
- Hysterectomy
- Tubal ligation
- Other, please specify: _____
- Don't know **[exclusive]** → **Skip to next section**
- Prefer not to answer **[exclusive]** → **Skip to next section**

S4-Q98. What is the most important reason you do not use your preferred method?

Select one.

- Doctor will not prescribe it → **Skip to next section**
- Cost → **Skip to next section**
- Not available/difficult to access/unreliable source → **Skip to next section**
- Spouse or partner objects to it → **Skip to next section**
- Religious reasons → **Skip to next section**
- Fear of side effects → **Skip to next section**
- Still thinking about it/have not made up my mind → **Skip to next section**
- Difficult to use → **Skip to next section**
- Fear of the procedure (IUD, tubal ligation, Norplant) → **Skip to next section**
- Other, please specify: _____ → **Skip to next section**
- Don't know → **Skip to next section**
- Prefer not to answer → **Skip to next section**

S4-Q99. [If participant has not used any contraception / safer sex method in the past 6 months] What are the main reasons that you have not used contraception in the past 6 months?

Select all that apply, even if the reasons have changed over the past 6 months.

- I am currently pregnant
- I am trying to become pregnant
- I don't mind becoming pregnant
- I don't believe in using birth control
- I don't think I would become pregnant
- I cannot become pregnant
- I cannot become pregnant because my sexual partner is infertile
- I use the withdrawal or rhythm method
- I don't like using contraception
- I don't use contraception for religious reasons
- My sexual partner doesn't like using contraception
- My sexual partner refuses to use/will not let me use contraception
- I am not having sex with a biological man (e.g., my sexual partner is a woman, transman, etc.)
- I am not having any sex
- I am in a mutually faithful sexual relationship
- I knew my partner and I had the same HIV status (e.g., "we are both HIV-positive")
- I am undetectable / adherent to meds and I didn't think I could transmit HIV to others
- I thought my partner(s) was/were at low risk of getting HIV or AIDS
- Other, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

Section 5: Stigma and Discrimination

These next questions are about HIV, ethnicity and gender related stigma and discrimination. You may get emotional; we can stop and take a break at any time.

S5-Q1. For each item, please indicate if you: Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, or Strongly Disagree

Interviewers, please note that this question can cover one's entire life

Select one per row.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
I have been hurt by how people reacted to learning I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have stopped socializing with some people because of their reactions of my having HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lost friends by telling them I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very careful who I tell that I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry that people who know I have HIV will tell others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am not as good a person as others because I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having HIV makes me feel unclean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having HIV makes me feel that I'm a bad person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people think that a person with HIV is disgusting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people with HIV are rejected when others find out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S5-Q2. These next questions ask about your experiences of racism. Please think carefully, and do your best to answer each question.

In your day-to-day life how often have any of the following things happened to you because of your race?

Select one per row.

	Almost Everyday	Frequently	Sometimes	Not that often	Almost Never	Never	Prefer not to answer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You are treated with less courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated with less respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are not as smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are dishonest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Almost Everyday	Frequently	Sometimes	Not that often	Almost Never	Never	Prefer not to answer
People act as if they are better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer instructions: Question S5-Q3 is only for participants who did not identify as Trans or Intersex in question S1-Q2a. If the participant identified as Trans or intersex, skip to S5-Q4.

S5-Q3. [If S1-Q2a does not equal Trans or intersex] These next questions ask about your experiences of sexism. Please think carefully, and do your best to answer each question.

In your day-to-day life how often have any of the following things happened to you because you are a woman?
Select one per row.

	Almost Everyday	Frequently	Sometimes	Not that often	Almost Never	Never	Prefer not to answer
You are treated with less courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated with less respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are not as smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are dishonest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Once complete, skip to S5-Q5

S5-Q4. [If S1-Q2a = 'Trans' or 'Intersex'] These next questions ask about your experiences of sexism. Please think carefully, and do your best to answer each question.

In your day-to-day life how often have any of the following things happened to you because of your gender?
Select one per row.

	Almost Everyday	Frequently	Sometimes	Not that often	Almost Never	Never	Prefer not to answer
You are treated with less courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated with less respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are not as smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Almost Everyday	Frequently	Sometimes	Not that often	Almost Never	Never	Prefer not to answer
People act as if they are afraid of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are dishonest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S5-Q5. For the following questions please say if you strongly agree, agree, neutral, disagree, or strongly disagree with the following statements:

Select one per row

In the past month, would you say...	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Prefer not to answer
I've limited what I tell others about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been afraid to tell other people that I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been worried about my family members finding out that I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been worried about people at my job/routine daily activities finding out that I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been worried that I'll lose my source of income if other people find out that I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been worried that I'll lose access to health services or care if people find out that I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer instructions: Question S5-Q6 through S5-Q7 are only for participants identified themselves as Trans in question S1-Q2a. If the participant did not identify themselves as Trans, skip to next section.

S5-Q6. [If S1-Q2a = Trans] Acts of violence and discrimination are sometimes targeted at our gender identity. If you would like to complete this section yourself, you may. If, you would like me to guide you through this section, that's okay too. You are also free to skip this entire section if you prefer.

Please let me know how you would like to proceed.

Select one.

- I'd like to complete this section myself
- I'd like to complete this section together
- I'd like to skip this section → **Skip to Next Section**

S5-Q7. [If S1-Q2a = Trans] In your experience...	Many times	Sometimes	Once/ Twice	Never	Prefer not to answer
Have you been made fun of or called names for your Trans identity or experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been hit or beaten up for your Trans identity or experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you heard that Trans people are not normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been objectified or fetishized sexually because you're Trans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Many times	Sometimes	Once/ Twice	Never	Prefer not to answer
Have you felt that being Trans hurt and embarrassed your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had to try to pass as non-Trans to be accepted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you suspect you have been turned down for a job because of your Trans identity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had to move away from your family or friends because you're Trans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced some form of police harassment for being Trans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Substance Use

For the following questions, please consider that a drink is defined as:

- a 341 ml (12oz) bottle of 5% alcohol beer, cider or cooler
- a 142 ml (5 oz.) glass of 12% alcohol wine
- a 43 ml (1.5 oz.) (single shot) serving of liquor or spirits.

S6-Q1. How often in the last year have you had a drink containing alcohol?

Select one.

- Never → Skip to question S6-Q5
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week
- Don't know → Skip to question S6-Q5
- Prefer not to answer → Skip to question S6-Q5

S6-Q2. How many drinks containing alcohol do you have on a typical day when you are drinking?

Select one.

- 1 or 2
- 3 or 4
- 5 or 6
- 7, 8 or 9
- 10 or more
- Don't know
- Prefer not to answer

S6-Q3. Considering all types of alcoholic beverages (e.g., wine, beer, etc), have you had 4 or more drinks on any one single occasion in the past month?

Select one.

- Yes
- No → Skip to question S6-Q5
- Don't know → Skip to question S6-Q5
- Prefer not to answer → Skip to question S6-Q5

S6-Q4. How many times in the past month have you had 4 or more drinks on any one single occasion?

Indicate number of times: _____

- Don't know [exclusive]
- Prefer not to answer [exclusive]

S6-Q5. What is your cigarette (tobacco) smoking history?

Select one.

- I am currently a regular smoker
- I smoke occasionally

- I am a former smoker → **Skip to question S6-Q7**
- I have never been a smoker → **Skip to question S6-Q7**
- Don't know → **Skip to question S6-Q7**
- Prefer not to answer → **Skip to question S6-Q7**

S6-Q6. How many cigarettes do you normally smoke?

Indicate number of cigarettes: _____ Per Day Per Month

Or

Indicate number of packs: _____ Per Day Per Month

- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S6-Q7. What is your cannabis use history?

Select one.

- I have used cannabis regularly in the last 30 days
- I have used cannabis occasionally in the last 30 days
- I have used cannabis in the past year, but not in the past 30 days
- I have used cannabis in the past, but not in the past year
- I have never used cannabis, or only ever used it once or twice → **Skip to question S6-Q9**
- Don't know → **Skip to question S6-Q9**
- Prefer not to answer → **Skip to question S6-Q9**

S6-Q8. Have you used cannabis mainly for medicinal reasons or recreational reasons, or both?

Select one.

- Medicinal reasons (prescribed)
- Medicinal reasons (not prescribed, self-medicating)
- Recreational reasons
- Both
- Don't know
- Prefer not to answer

S6-Q9. Now I'm going to ask you some questions about your potential use of drugs other than alcohol, tobacco and cannabis. By "drugs" we mean substances used for recreational (non-medicinal) purposes, including illicit drugs (street drugs), over-the-counter drugs (available in pharmacies without prescription) taken in excess of the directions or prescribed drugs taken in excess of prescription. All this information is confidential; please answer as accurately as you can.

In your lifetime, have you ever used drugs recreationally (non-medicinally)?

Select one.

- Yes
- No → **Skip to question S6-Q17**
- Don't know → **Skip to question S6-Q17**
- Prefer not to answer → **Skip to question S6-Q17**

S6-Q10a. We're going to start with some questions about your use of drugs in the three months before and the three months after your HIV diagnosis. I understand that the time of diagnosis is a sensitive period. These questions will be used to better address the health needs of women living with HIV. Please remember that your responses are confidential and anonymous. Let's begin.

Within the three months before your HIV diagnosis, did you use drugs recreationally (non-medicinally)?

Select one.

- Yes
- No → **Skip to question S6-Q11a**
- Don't know → **Skip to question S6-Q11a**
- Prefer not to answer → **Skip to question S6-Q11a**

S6-Q10b. Within three months before your HIV diagnosis, did you use any of the following drugs?	S6-Q10c. [Of selected] How often did you use the following drugs? <i>Please note, if participant reports use only once or twice, select "Less than once a week"</i> <i>Select one per row.</i>			
	Daily	At least once a week	Less than once a week	Prefer not to answer
<input type="checkbox"/> Heroin (dust, horse, junk, down, or downtown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heroin + Cocaine (speedballs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cocaine alone (uptown, up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methamphetamine (crystal meth, ice, jib, gak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dilaudid (hydromorphone hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oxycontin/Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Talwin & Ritalin ("T's & R's")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> T3s T4s (codeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ecstasy (x-tasy, E, X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speed (amphetamines, uppers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acid (LSD, PCP, angel dust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mushrooms (magic mushrooms, mush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know [exclusive] → Skip to question S6-Q11a				
<input type="checkbox"/> Prefer not to answer [exclusive] → Skip to question S6-Q11a				

S6-Q11a. Within the first three months after your HIV diagnosis, did you use drugs recreationally (non-medicinally)?

Select one.

- Yes
- No → **Skip to question S6-Q12a**
- Don't know → **Skip to question S6-Q12a**
- Prefer not to answer → **Skip to question S6-Q12a**

S6-Q11b. Within three months after your HIV diagnosis, did you use any of the following drugs? <i>Select all that apply.</i>	S6-Q11c. [Of selected] How often did you use the following drugs? <i>Please note, if participant reports use only once or twice, select "Less than once a week"</i> <i>Select one per row.</i>			
	Daily	At least once a week	Less than once a week	Prefer not to answer
<input type="checkbox"/> Heroin (dust, horse, junk, down, or downtown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heroin + Cocaine (speedballs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cocaine alone (uptown, up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methamphetamine (crystal meth, ice, jib, gak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dilaudid (hydromorphone hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oxycontin/Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Talwin & Ritalin ("T's & R's")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> T3s T4s (codeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ecstasy (x-tasy, E, X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speed (amphetamines, uppers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acid (LSD, PCP, angel dust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mushrooms (magic mushrooms, mush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know [exclusive] → Skip to question S6-Q12a				
<input type="checkbox"/> Prefer not to answer [exclusive] → Skip to question S6-Q12a				

S6-Q12a. Over the last three months (current), did you use drugs recreationally (non-medicinally)?

Select one.

- Yes
- No → Skip to question S6-Q13
- Don't know → Skip to question S6-Q13
- Prefer not to answer → Skip to question S6-Q13

S6-Q12b. Over the last three months (current), did you use any of the following drugs? <i>Select all that apply.</i>	S6-Q12c. [Of selected] How often did you use the following drugs <i>Please note, if participant reports use only once or twice, select "Less than once a week"</i> <i>Select one per row.</i>			
	Daily	At least once a week	Less than once a week	Prefer not to answer
<input type="checkbox"/> Heroin (dust, horse, junk, down, or downtown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heroin + Cocaine (speedballs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cocaine alone (uptown, up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methamphetamine (crystal meth, ice, jib, gak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dilaudid (hydromorphone hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oxycontin/Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Talwin & Ritalin ("T's & R's")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> T3s T4s (codeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ecstasy (x-tasy, E, X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speed (amphetamines, uppers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acid (LSD, PCP, angel dust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mushrooms (magic mushrooms, mush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know [exclusive] → Skip to question S6-Q13a				
<input type="checkbox"/> Prefer not to answer [exclusive] → Skip to question S6-Q13a				

S6-Q13. In your lifetime, have you ever used injection drugs?

Select one.

- Yes
- No → Skip to question S6-Q17
- Don't know → Skip to question S6-Q17
- Prefer not to answer → Skip to question S6-Q17

S6-Q14. In your lifetime, have you ever used a needle or syringe that had already been used by someone else?

Select one.

- Yes

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

S6-Q15. Over the last 3 months, have you used injection drugs?

Select one.

- Yes
- No → **Skip to question S6-Q16b**
- Don't know → **Skip to question S6-Q16b**
- Prefer not to answer → **Skip to question S6-Q16b**

S6-Q16a. Over the last 3 months, have you used a needle or syringe that had already been used by someone else?

Select one.

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

S6-Q16b. [If ever used a needle or syringe that had already been used by someone else] What were some of the reasons you used a needle or syringe that had already been used by someone else?

Select all that apply.

- Did not have one on me
- Did not know where to get a new needle or syringe
- I could not get one (e.g., no access)
- I sold all my needles
- My needle was too dull or plugged
- I knew/trusted the people I was with
- I was with my partner
- I wanted to show trust/bonding ("If you love me, you'll do it")
- Peer pressure
- My needle or syringe got mixed up with someone else's
- Too high at the time to care
- Someone else's drugs / "free drugs"
- Did not care / "why not?"
- Suicidal
- "I won't get HIV/AIDS"
- "I'm already HIV+"
- "Jonesing" (i.e., drug sick)
- Other, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S6-Q17. Now I am going to ask you some questions about your use of substance related services, as they relate to your use of drugs or alcohol (not tobacco).

Have you ever used any of the following substance-related services?

Please note, this could be for alcohol, marijuana, injection drug use, and non-injection drug use.

Select all that apply.

- Hospital ER (for a substance-related issue)
- Methadone program
- Cocaine treatment program
- Detox
- Daytox
- Needle Exchange
- Safe Injection Site (e.g., Insite)
- Recovery House / Drug Treatment
- Alcohol & Drug Counsellor
- Outreach worker
- 12-step meetings
- Other, please specify: _____
- No, I have not used any substance-related services **[exclusive]**
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S6-Q18a. Have you ever tried to access substance-related services and been unable to?

Select one.

- Yes
- No → **Skip to Next Section**
- Don't know → **Skip to Next Section**
- Prefer not to answer → **Skip to Next Section**

S6-Q18b. What was the problem?

Select all that apply.

- Don't have substance related services / programs where I live
- Don't have a women's only program
- Don't have a culturally specific program (e.g., Aboriginal only program)
- Long wait times, waitlist, hard to get an appointment
- Hours of operation were not accessible to me
- Transportation barriers
- Language barriers
- Cost / Can't afford the fees
- Childcare barriers, e.g., No place for women with kids or Couldn't find/afford childcare
- Barrier from partner / partner would not let me go
- Personal or family responsibilities
- Work responsibilities
- HIV discrimination by staff
- Other discrimination by staff. Please specify: _____
- Poor treatment by provider
- Felt judged for drug or alcohol use
- The service moved or closed
- Didn't feel safe going to that site / Dangerous neighbourhood
- Location of the site is highly stigmatized
- Involuntary status disclosure / "everyone will know I'm HIV positive if I go there"
- Concerns about confidentiality
- Didn't know where to go
- Turned down by a program / kicked out
- Other, please specify: _____
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

Section 7: Violence and Abuse

This next section deals with violence and abuse. The questions are very personal and sensitive in nature. These questions will be used to better address the health care needs of women living with HIV. Please remember that your responses are completely confidential and anonymous.

S7-Q1. If you would like to complete this section yourself, you are welcome to do so. I can also guide you through this section. You can also skip this entire violence section if you prefer. How would you like to proceed?

Select one.

- I prefer to do the violence section myself
- I prefer to do the violence section together
- I prefer to skip the violence section → **Skip to Next Section**

S7-Q2a. This first series of questions are about experiences you had as an adult. For our purposes, adult is defined as 16 years of age or older.

As an adult, has someone ever physically hurt you?

Select one.

- Yes
- No → **Skip to question S7-Q3a**
- Don't know/Prefer not to answer → **Skip to question S7-Q3a**

S7-Q2b. How many times did this happen?

Select one.

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know/Prefer not to answer

S7-Q2c. Has this happened in the last 3 months?

Select one.

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

S7-Q3a. As an adult, has someone ever insulted, threatened, screamed, or cursed at you?

Select one.

- Yes
- No → **Skip to question S7-Q4a**

- Don't know/Prefer not to answer → **Skip to question S7-Q4a**

S7-Q3b. How many times did this happen?

Select one.

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know/Prefer not to answer

S7-Q3c. Has this happened in the last 3 months?

Select one.

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

S7-Q4a. As an adult, has someone ever restricted your actions by controlling where you can go and what you can do?

Select one.

- Yes
- No → **Skip to question S7-Q5a**
- Don't know/Prefer not to answer → **Skip to question S7-Q5a**

S7-Q4b. How many times did this happen?

Select one.

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know/Prefer not to answer

S7-Q4c. Has this happened in the last 3 months?

Select one.

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

S7-Q5a. As an adult, has someone ever sexually forced themselves on you, or forced you to have sex?

This can include the fondling of your private parts, oral sex, vaginal sex, and anal intercourse. It can be either forced or with your consent because you feared the consequences of resisting the person.

Select one.

- Yes
- No → **Skip to question S7-Q6a**
- Don't know/Prefer not to answer → **Skip to question S7-Q6a**

S7-Q5b. How many times did this happen?

Select one.

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know/Prefer not to answer

S7-Q5c. Has this happened in the last 3 months?

Select one.

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

S7-Q5d. Do you think you became HIV-positive as a result of these episodes?

Select one.

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

S7-Q6a. This second series of questions are about experiences you had as a child. For our purposes, child is defined as less than 16 years of age.

During your childhood, did an adult ever physically hurt you?

Interviewer explanation: in some cultures, physical discipline of children is common; for our purposes, we are including such physical discipline.

Select one.

- Yes
- No → **Skip to question S7-Q7a**
- Don't know/Prefer not to answer → **Skip to question S7-Q7a**

S7-Q6b. How many times did this happen?

Select one.

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know/Prefer not to answer

Interviewer instructions: Question S7-Q6c is only for participants who previously reported attending a residential school in question S1-Q8L. If participant did not attend a residential school, skip to question S7-Q7a.

S7-Q6c. [If S1-Q8L = Yes] Did this happen at a residential school?

Select one.

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

S7-Q7a. During your childhood, did an adult ever insult, threaten or verbally degrade you?

Select one.

- Yes
- No → **Skip to question S7-Q8a**
- Don't know/Prefer not to answer → **Skip to question S7-Q8a**

S7-Q7b. How many times did this happen?

Select one.

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know/Prefer not to answer

Interviewer instructions: Question S7-Q7c is only for participants who previously reported attending a residential school in question S1-Q8L. If participant did not attend a residential school, skip to question S7-Q8a.

S7-Q7c. [If S1-Q8L = Yes] Did this happen at a residential school?

Select one.

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

S7-Q8a. During your childhood, did someone ever sexually force themselves on you, or forced you to have sex?

This can include the fondling of your private parts, oral sex, vaginal sex, and anal intercourse. It can be either forced or with your consent because you feared the consequences of resisting the person.

Select one.

- Yes
- No → **Skip to question S7-Q9a**
- Don't know/Prefer not to answer → **Skip to question S7-Q9a**

S7-Q8b. How many times did this happen?

Select one.

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know/Prefer not to answer

Interviewer instructions: Question S7-Q8c is only for participants who previously reported attending a residential school in question S1-Q8L. If participant did not attend a residential school, skip to question S7-Q8e.

S7-Q8c. [If S1-Q8L = Yes] Did this happen at a residential school?

Select one.

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

S7-Q8e. Do you think you became HIV-positive as a result of these episodes?

Select one.

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

S7-Q9a. Next, we're going to ask you about violence you may have experienced in a situation of war or violent conflict.

As a child or an adult, did you experience violence in a situation of war or violent conflict?

Select one.

- Yes
- No → **Skip to question S7-Q10**
- Don't know/Prefer not to answer → **Skip to question S7-Q10**

S7-Q9b. What kind of violence did you experience?

Select all that apply

- Physical
- Verbal
- Sexual
- Don't know/Prefer not to answer

S7-Q10. See interviewer instructions before continuing.

Interviewer instructions: Questions S7-Q10 through S7-Q12 are only for participants who reported any experience of violence in questions S7-Q2a, S7-Q3a, S7-Q4a, S7-Q5a, S7-Q6a, S7-Q7a, S7-Q8a, S7-Q9a . If participant did not report any experience of violence, skip to next section.

[If reported experiencing any violence] Did you ever seek help, such as medical treatment, counselling, or social support to cope with the violence?

Select one.

- All of the time
- Some of the time
- None of the time → **Skip to question S7-Q12**

<p>S7-Q11a. Which of the following supports did you consult Select all that apply.</p>	<p>S7-Q11b. [Of selected] Of the people and services you consulted, how useful were they in helping you cope with your experience? Would you say they were: Select one per row.</p>			
	Very helpful	A little bit helpful	Not at all helpful	Prefer not to answer
<input type="checkbox"/> Partner/spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Peers/Other HIV-positive people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Peer navigator(s)/peer counsellor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Peer support group(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support group(s) for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very helpful	A little bit helpful	Not at all helpful	Prefer not to answer
<input type="checkbox"/> Staff at a women's centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Staff at a sexual health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Staff at a rape crisis centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Staff at a community organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Legal advisor(s) / Traditional justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Religious counsellor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doctor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Worker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental health counsellor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Traditional healer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know [exclusive]				
<input type="checkbox"/> Prefer not to answer [exclusive]				
When table is complete, skip to next section				

S7-Q12. Are there supports that you think might have been or might be helpful in coping with your experience?

Select all that apply.

- Partner/Spouse
- Family
- Friend(s)
- Peers/Other HIV-positive people
- Peer navigator(s)/Peer counsellor(s)
- Peer support group(s)
- Peer support group for women
- Staff at a women's centre
- Staff at a sexual health clinic
- Staff at a rape crisis centre
- Staff at a community organization
- Legal advisors / Traditional justice
- Religious counsellor(s)
- Doctor(s)
- Nurse(s)
- Social Worker(s)
- Mental health counsellor(s)
- Traditional healer(s)
- Elder(s)

- Other, please specify: _____
- I don't think any support would be helpful [exclusive]
- Don't know [exclusive]
- Prefer not to answer [exclusive]

Section 8: Women's Sexual Health

The next section includes some personal questions about your sexual activities. Please remember that your responses are confidential and anonymous

We understand that relationships are very difficult to define, and we know that what your relationship means to you is more important than these definitions. However, we need to have some guidelines to make sure we all answer these questions as accurately as possible.

These are the three categories, and what they mean to us:

Regular sexual partner – an intimate sexual partner (1) with whom you've had multiple sexual encounters, (2) who has filled this role for a longer period of time, and (3) with whom you do not trade goods and/or services for sexual encounters. Examples may include, but are not limited to, spouses, common law partners, long term relationships, friends with benefits, or partners who you've seen on and off for some time.

Casual sexual partner - a sexual partner (1) with whom you've had one or a few sexual encounters, (2) who has filled this role for a shorter period of time, and (3) who you do not trade goods and/or services for sexual encounters. Examples may include, but are not limited to, serious sexual relationships that have recently begun, new sexual relationships that exist but you're not sure about, chance sexual encounters, or one night stands.

Paying sex partner or Client - a sexual partner from whom you receive any goods or services in exchange for sexual activities.

If you would like to complete this section yourself, you are welcome to do so. If you would like me to guide you through this whole section, that's okay too.

S8-Q1. Would you like to proceed?

Select one.

- I'd prefer to complete this section myself
- I'd prefer to complete this section together
- I'd prefer to skip this entire section → **Skip to next section**

S8-Q2. Have you ever had consensual sex?

Select one.

- Yes
- No → **Skip to question S8-Q24i**
- Prefer not to answer → **Skip to question S8-Q24i**

S8-Q3a. How old were you the first time you had consensual sex?

Indicate age in years: _____

- Don't know [exclusive]

- Prefer not to answer **[exclusive]**

S8-Q3b. have you had consensual sex in the past 6 months? Again, this includes any type of sexual intercourse you willingly engaged in, including getting or giving oral sex, vaginal sex, and/or anal sex with people of any gender.

- Yes
- No → **Skip to question S8-Q24i**
- Prefer not to answer → **Skip to question S8-Q24i**

S8-Q4. How many regular sex partner(s) have you had in the past six months?

Please note, this question refers to all regular sex partners that have existed in the past six months, even if the relationship has since ended.

Indicate number of partners: _____ **[if '0', skip to S8-Q10]**

- Don't know → **Skip to question S8-Q10**
- Prefer not to answer → **Skip to question S8-Q10**

Let's begin with your current or the most recent regular sex partner that you've had in the last 6 months. Remember that the information you are providing us is very important and completely confidential.

	Regular Sex Partners (From most recent to least recent)				
	1	2	3	4	5
S8-Q5a. What gender does this regular sex partner currently identify with? <i>Select all that apply.</i>					
Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans (Female to Male), including those in transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans (Male to Female), including those in transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-spirited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intersex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender queer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify (notes section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know [exclusive]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer [exclusive]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S8-Q5b. Are you currently in a sexual relationship with this partner? <i>Select one.</i>					
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S8-Q5c. How long have/had you been in this sexual relationship? Indicate length of time					
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S8-Q5d. What was this regular sex partner's HIV status at your last sexual encounter?					

<i>Select one.</i>	HIV-positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HIV-negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
S8-Q5e. Did this regular sex partner know your HIV status at your last sexual encounter? <i>Select one.</i>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S8-Q5f. In the last 6 months, did you ever have vaginal sex with this partner? <i>Select one.</i>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S8-Q5h. In the last 6 months, did you ever have anal sex with this partner? <i>Select one.</i>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S8-Q5j. In the last 6 months, did you ever give or receive oral sex with this partner? <i>Select one.</i>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes Section						
Regular Sex Partner 1						
Regular Sex Partner 2						
Regular Sex Partner 3						
Regular Sex Partner 4						
Regular Sex Partner 5						

S8-Q10. How many casual sex partner(s) have you had in the past six months?

This question refers to all casual relationships that have existed in the past six months, even if the relationship has since ended

Indicate number of partners: _____ [if '0', skip to S8-Q12]

- Don't know [exclusive] → Skip to question S8-Q12
- Prefer not to answer [exclusive] → Skip to question S8-Q12

S8-Q11a. What genders do your casual sex partners currently identify with?

Select all that apply

- Man
- Woman
- Trans (Female to Male, including those in transition)
- Trans (Male to Female, including those in transition)
- Two-spirited
- Intersex
- Gender queer
- Other, please specify: _____
- Don't know [exclusive]
- Prefer not to answer [exclusive]

S8-Q11b. In the past 6 months, did you have vaginal sex with any casual sex partner?

Select one.

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

S8-Q11d. In the past 6 months, did you have anal sex with any casual sex partner?

Select one.

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

S8-Q11f. In the past 6 months, did you give or receive oral sex with any casual sex partner?

Select one.

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

S8-Q12. These next questions are specific to sex partners from whom you have ever received money, drugs, shelter, goods, or services in exchange for sex. Remember that the information you are providing us is very important and completely confidential.

Have you ever been provided with any of the following in exchange for sex?

Select all that apply.

- Money
- Drugs

- Shelter
- Food
- Gifts
- Clothes
- Services
- Other, please specify: _____
- Never been provided with anything in exchange for sex **[exclusive]**→ Skip to question S8-Q24a
- Don't know **[exclusive]** → Skip to question S8-Q24a
- Prefer not to answer **[exclusive]**→ Skip to question S8-Q24a

S8-Q13. How old were you the first time you exchanged anything for sex?

Indicate age in years: _____

- Can't remember **[exclusive]**
- Prefer not to answer **[exclusive]**

S8-Q14. In the past 6 months, have you been provided with any of the following in exchange for sex?

Select all that apply.

- Money
- Drugs
- Shelter
- Food
- Gifts
- Clothes
- Services
- Other, please specify: _____
- Have not been provided with anything in exchange for sex in the past 6 months **[exclusive]**→ Skip to question S8-Q24a
- Don't know **[exclusive]**→ Skip to question S8-Q24a
- Prefer not to answer **[exclusive]**→ Skip to question S8-Q24a

S8-Q15. In the past 6 months, on average how many clients have you seen per week or per month?

This includes exchanging sex for money, drugs, shelter food, gifts, clothes or anything else

Indicate average number of clients: _____ Per week Per month

- Don't remember **[exclusive]**
- Prefer not to answer **[exclusive]**

S8-Q16. I am now going to ask you questions about dates you consider to be regular clients. This does not include non-regular clients or one time clients.

Have you seen any regular clients in the past 6 months?

Select one.

- Yes
- No → Skip to question S8-Q20
- Prefer not to answer → Skip to question S8-Q20

S8-Q17a. In the past 6 months, have you had vaginal sex with any regular clients?

Select one.

- Yes
- No
- Prefer not to answer

S8-Q18a. In the past 6 months, have you had anal sex with any regular clients?

Select one.

- Yes
- No
- Prefer not to answer

S8-Q19a. In the past 6 months, have you had oral sex with any regular clients?

Select one.

- Yes
- No
- Prefer not to answer

S8-Q20. I am now going to ask you questions about dates you consider to be non-regular clients or one time clients. These questions do not include regular clients.

Have you seen any non-regular clients in the past 6 months?

Select one.

- Yes
- No → **Skip to question S8-Q24a**
- Prefer not to answer → **Skip to question S8-Q24a**

S8-Q21a. In the past 6 months, have you had vaginal sex with any non-regular clients?

Select one.

- Yes
- No
- Prefer not to answer

S8-Q22a. In the past 6 months, have you had anal sex with any non-regular clients?

Select one.

- Yes
- No
- Prefer not to answer

S8-Q23a. In the past 6 months, have you had oral sex with any non-regular clients?

Select one.

- Yes
- No
- Prefer not to answer

S8-Q24a. These next questions are in regards to your sexual activity in the past month.

Have you been sexually active during the past month?

Select one.

- Yes
- No → **Skip to question S8-Q24i**
- Don't know → **Skip to question S8-Q24i**
- Prefer not to answer → **Skip to question S8-Q24i**

S8-Q24b. Overall, during the past month, how frequently have you become anxious or inhibited during sexual activity with a partner?

Please select the most appropriate response.

- Always became anxious or inhibited
- Usually, about 75% of the time
- Sometimes, about 50% of the time
- Seldom, less than 25% of the time
- Not at all anxious or inhibited

- I have not had a partner in the past month → **Skip to question S8-Q24i**
- Prefer not to answer

S8-Q24c. During the past month, who usually initiated sexual activity?

Please check the most appropriate response. If you have had more than one partner in the past month, please think of the partner you consider your primary partner.

- I usually initiated the activity
- My partner and I have equally initiated the activity
- My partner usually initiated the activity
- Prefer not to answer

S8-Q24d. During the past month, how have you usually responded to your partner's sexual advances?

Please check the most appropriate response. If you have had more than one partner in the past month, please think of the partner you consider your primary partner.

- Always accepted with pleasure
- Usually accepted with pleasure
- Accepted, but not necessarily with pleasure
- Accepted reluctantly
- Sometimes refused
- Usually refused
- Has not happened during the past month
- Prefer not to answer

S8-Q24e. During the past month, has the frequency of your sexual activity with a partner been...

If you have had more than one partner in the past month, please think of the partner you consider your primary partner. Please select the one most appropriate response.

- More than I desired
- As much as I desired
- Less than I desired
- Prefer not to answer

S8-Q24f. During the past month, how frequently have you been able to communicate your sexual desires or preferences to your partner?

Please select the most appropriate response.

- I was always able to communicate my desires or preferences
- Usually, about 75% of the time
- Sometimes, about 50% of the time
- Seldom, about 25% of the time
- I have been unable to communicate my desires or preferences
- Prefer not to answer

S8-Q24g. Overall, how satisfied have you been with your sexual relationship with your partner?

Please check the most appropriate response.

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Prefer not to answer

S8-Q24h. Overall, how satisfied do you think your partner has been with your sexual relationship in the past month?

Please select the most appropriate response

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Prefer not to answer

S8-Q24j. The following questions ask about your relationship with your partner. If you currently have more than one sexual partner, please think about the person you consider your primary sexual partner.

Please indicate whether you strongly agree, agree, disagree or strongly disagree with each of the following statements

Select one answer per line

	Strongly Agree	Agree	Disagree	Strongly Disagree	Prefer not to answer
If I asked my partner(s) to use a condom, s/he would get violent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I asked my partner(s) to use a condom, s/he would get angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the time, we do what my partner wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner won't let me wear certain things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my partner and I are together, I'm pretty quiet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner has more say than I do about important decisions that affect us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner tells me who I can spend time with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I asked my partner to use a condom, s/he would think I'm having sex with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel trapped or stuck in our relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner does what s/he wants, even if I do not want her/him to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more committed to our relationship than my partner is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my partner and I disagree, s/he get her/his way most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner gets more out of our relationship than I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner always wants to know where I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner might be having sex with someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S8-Q24i. During the past month, have you felt pleasure from any forms of sexual experience?

Please select the one most appropriate response.

- Always felt pleasure from sexual experiences
- Usually, about 75% of the time
- Sometimes, about 50% of the time
- Seldom, less than 25% of the time
- Have not felt any pleasure
- Have had no sexual experience during the past month
- Prefer not to answer

S8-Q24L. Overall, how important a part of your life is your sexual activity?

Select the most appropriate response.

- Very important
- Somewhat important

- Neither important nor unimportant
- Somewhat unimportant
- Not at all important
- Prefer not to answer

S8-Q24k. How satisfied are you with the overall appearance of your body?

Please select the one most appropriate response.

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Prefer not to answer

S8-Q25a. I feel content with the way my present sex life is.

Select one.

- Strongly Agree
- Agree a little
- Neither agree or disagree
- Disagree a little
- Strongly disagree
- Prefer not to answer

S8-Q25b. I often feel something is missing from my present sex life.

Select one.

- Strongly Agree
- Agree a little
- Neither agree or disagree
- Disagree a little
- Strongly disagree
- Prefer not to answer

S8-Q25c. I often feel I don't have enough emotional closeness in my sex life.

Select one.

- Strongly Agree
- Agree a little
- Neither agree or disagree
- Disagree a little
- Strongly disagree
- Prefer not to answer

S8-Q25d. I feel content with how often I have sexual intimacy (kissing, intercourse, etc.) in my life.

Select one.

- Strongly Agree
- Agree a little
- Neither agree or disagree
- Disagree a little
- Strongly disagree
- Prefer not to answer

S8-Q25e. I don't have any important problems or concerns about sex (arousal, orgasm, frequency, compatibility, communication, etc.).

Select one.

- Strongly Agree

- Agree a little
- Neither agree or disagree
- Disagree a little
- Strongly disagree
- Prefer not to answer

S8-Q25f. Overall, how satisfactory or unsatisfactory is your present sex life?

Select one.

- Completely satisfactory
- Very satisfactory
- Reasonable satisfactory
- Not very satisfactory
- Not at all satisfactory
- Prefer not to answer

Section 9: Emotional Wellbeing, Resiliency, and Health Related Quality of Life

S9-Q1a. Have you ever been diagnosed with a mental health condition by a care provider?

Select one.

- Yes
- No → **Skip to question S9-Q2**
- Don't know → **Skip to question S9-Q2**
- Prefer not to answer → **Skip to question S9-Q2**

S9-Q1b. Which ones?

Select all that apply.

- Alcohol Addiction
- Anxiety
- Anorexia Nervosa or Bulimia Nervosa
- Bipolar Disorder
- Personality Disorder
- Dementia
- Depression
- Drug Addiction
- Obsessive-Compulsive Disorder
- Post Traumatic Stress Disorder
- Schizophrenia
- Sleep disorder
- Other, please specify: _____
- Other, please specify: _____
- Other, please specify: _____
- Don't know **[exclusive]**
- Prefer not to answer **[exclusive]**

S9-Q2. Below is a list of the ways you might have felt or behaved during the past week. Please tell me how often you have felt this way during the past week.

Select one per row.

	Most or all of the time (5-7 days)	Occasionally or a moderate amount of time (3-4 days)	Some or a little of the time (1-2 days)	Rarely or none of the time (less than 1 day)	Don't Know	Prefer not to answer
I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Most or all of the time (5-7 days)	Occasionally or a moderate amount of time (3-4 days)	Some or a little of the time (1-2 days)	Rarely or none of the time (less than 1 day)	Don't Know	Prefer not to answer
I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not get "going".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S9-Q3. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and check the box to indicate how much you have been bothered by that problem in the last month.

Select one per row.

	Extremely	Quite a bit	Moderately	A little bit	Not at all	Prefer not to answer
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling very upset when something reminded you of a stressful experience from the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid activities or situations because they remind you of a stressful experience from the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling distant or cut off from other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling irritable or having angry outbursts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having difficulty concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S9-Q4. 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?

Select one per row.

How often do you have available ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know	Prefer not to answer
Emotional / Informational Support							
Someone to turn to for suggestions about how to deal with a personal problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tangible Support							
Someone to help with daily chores if you were sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Don't know	Prefer not to answer
Affectionate Support							
Someone to love and make you feel wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Social Interaction							
Someone to do something enjoyable with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S9-Q5. The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Select one per row.

	Yes, limited a lot	Yes, limited a little	No, not limited at all	Prefer not to answer
Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing several flights of stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S9-Q6. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Select one per row.

	Yes	No	Prefer not to answer
Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S9-Q7. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

Select one per row.

	Yes	No	Prefer not to answer
Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't do work or other activities as carefully as usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S9-Q8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Select one.

- Extremely
- Quite a bit
- Moderately
- A little bit
- Not at all
- Prefer not to answer

S9-Q9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time *during* the past 4 weeks...

Select one per row.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Prefer not to answer
Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S9-Q10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

Select one.

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Prefer not to answer

S9-Q11. How about now in general, would you say your health is:

Select one.

- Excellent
- Very Good
- Good
- Fair
- Poor
- Prefer not to answer

S9-Q12. Please read the following statements. To the right of each you will find seven options, ranging from Strongly Agree on the left to Strongly Disagree on the right. Click the check below the option which best indicates your feelings about that statement.

Select one per row.

	Strongly Agree	Moderately Agree	Slightly Agree	Neither agree nor disagree	Slightly Disagree	Moderately Disagree	Strongly Disagree	Prefer not to answer
I usually manage one way or another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel proud that I have accomplished things in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually take things in my stride.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Moderately Agree	Slightly Agree	Neither agree nor disagree	Slightly Disagree	Moderately Disagree	Strongly Disagree	Prefer not to answer
I am friends with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am determined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep interested in things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My belief in myself gets me through hard times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life has meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am in a difficult situation, I can usually find my way out of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough energy to do what I have to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of Questionnaire