



Prior to interview:

Please confirm participant's date of birth as reported in the participant database.

CHIWOS ID:	_____
Date of Last Interview:	_D _D _M _M _M _Y _Y _Y _Y

Section 1: Demographics and Social Determinants of Health

S1-01. With respect to your gender*, how do you currently identify?
Select all that apply.

- Woman (cis-gender)* [Eligible for CHIWOS]
- Transgender Man, Female to Male* [If only selection, end interview]
- Transgender Woman, Male to Female* [Eligible for CHIWOS]
- Two-spirited [Eligible for CHIWOS]
- Intersex* [Eligible for CHIWOS]
- Gender Queer [Eligible for CHIWOS]
- Other, please specify: [Other Specify Required] [Eligible for CHIWOS]
- Man [If only selection, end interview]

S1-02. What gender do you currently live as in your day-to-day life?
Select one.

- Man
- Woman
- Sometimes man, sometimes woman
- Third gender, or something other than man or woman
- Genderless*
- Don't know
- Prefer not to answer

S1-03. As CHIWOS is a transgender-inclusive study this survey includes several important questions that are specific to the experiences of transgender women. These questions are only accessible to participants who have transgender experience. Do you have any personal trans gender experience?
Select one.

- Yes [Participant eligible for trans gender questions]

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

S1-04. With respect to your sexual orientation* , how do you currently identify?
Select all that apply.

- Heterosexual / Straight
- Lesbian
- Gay
- Queer
- Bisexual
- Two-spirited
- Questioning
- Asexual
- Other, please specify: [Other Specify Required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-05. What is your current legal relationship status?
Select one.

- Legally married
- Common-law*
- In a relationship, living together (but not legally married or common-law)*
- In a relationship, not living together
- Single
- Separated / Divorced
- Widowed
- Other, please specify: [Other Specify Required]
- Prefer not to answer

S1-06. What is your current legal status in Canada?
Select one.

- Canadian citizen
- Landed Immigrant/Permanent Resident [Skip to S1-08]
- Refugee/Protected Person* [Skip to S1-08]
- Refugee claimant/Person in need of protection* [Skip to S1-08]
- Here with Temporary Work Papers* [Skip to S1-08]
- Here with Humanitarian and Compassionate approval [Skip to S1-08]

- Here as a visitor [Skip to S1-08]
- Here on a Student Visa [Skip to S1-08]
- Undocumented/Non-Status/Immigrant* [Skip to S1-08]
- Other, please specify: [Other Specify Required] [Skip to S1-08]
- Don't know [Skip to S1-08]
- Prefer not to answer [Skip to S1-08]

S1-07. [If S1-06 = Canadian citizen] Are you first, second, third, or higher generation Canadian?
Select one.

- First generation Canadian*
- Second generation Canadian*
- Third generation Canadian or higher*
- Don't know
- Prefer not to answer

S1-08. Were you born in Canada?
Select one.

- Yes [Skip to S1-16]
- No
- Don't know [Skip to S1-16]
- Prefer not to answer [Skip to S1-16]

S1-09 [If S1-08 = No] In which country were you living immediately before moving to Canada?

Indicate country: [Text response required]

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

S1-10. [If S1-08 = No] Was this your 'birth country' or a 'transit'* country?
Select one.

- Birth country* [Skip to S1-12]
- Transit country*
- Intermediate country of residence*
- Don't know [Skip to S1-12]
- Prefer not to answer [Skip to S1-12]

S1-11. [If S1-10 = Transit or Intermediate] How long did you live in the transit or intermediate country of residence?

Select one.

- Always (born while in transit)
- Less than 6 months
- 6 to 11 months
- 1 to 2 years
- 3 to 5 years
- More than 5 years
- Don't know
- Prefer not to answer

S1-12. **[If S1-08 = No]** What type of housing were you in during the 6 months immediately before you moved to Canada?

Select one.

- Refugee camp – informal*
- Refugee camp - formal*
- Stable housing – apartment or house **[Skip to S1-14]**
- Unstable housing* **[Skip to S1-14]**
- Student housing **[Skip to S1-14]**
- Other (specify): **[Other Specify Required] [Skip to S1-14]**
- Don't know **[Skip to S1-14]**
- Prefer not to answer **[Skip to S1-14]**

S1-13. **[If S1-12 = Refugee camp informal / formal]** For how long had you been living in the refugee camp before moving to Canada?

Indicate time:

[Positive integer required]

- Year(s)
- Month(s)
- Week(s)
- Day(s)

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

S1-14. **[If S1-08 = No]** What were your reason(s)/your family's reasons for immigrating to Canada?

Select all that apply.

- Employment / labour / business opportunities
- Education or training opportunities
- Living conditions

- Health care for me
- Healthcare for a member of my family
- Lifestyle change or for enjoyment
- Escape socio-political conditions in home country: political persecution
- Persecution as a member of a sexual minority group or because of sexual orientation
- Religious persecution
- Conditions of war, slavery, or forced labour
- Domestic violence / intimate partner violence
- Family reasons*
- Visitor/tourist
- Other, please specify: [Other Specify Required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-15. [If S1-08 = No] During the first year after you arrived in Canada, did you or your family have difficulty with any of the following tasks?
Select all that apply.

- Finding suitable housing, including concerns about lack of affordable housing
- Finding a job or training
- Finding a school for your children
- Finding childcare
- Finding or attending English or French Language training
- Finding healthcare services in general
- Finding HIV-specific healthcare services
- Finding social support services
- Finding support for other priorities, please specify: [Other Specify Required]
- No difficulties [Exclusive]
- Prefer not to answer [Exclusive]

S1-16. Do you identify as:
Select one.

- First Nations (Status)*
- First Nations (Non-status)* [Skip to S1-20a]
- Métis [Skip to S1-21a]
- Inuit [Skip to S1-22a]
- None of the above - I am not an Aboriginal person living in Canada [Skip to S1-23]
- Don't know [Skip to S1-23]
- Prefer not to answer [Skip to S1-23]

S1-17. **[If S1-16 = Status First Nations]** How would you rate the level of access to health services available to you / your family compared to non-Aboriginal people in Canada generally?
Select one.

- Significantly less access
- Less access
- Same level of access
- Better access
- Significantly better access
- Don't know
- Prefer not to answer

S1-18. **[If S1-16 = Status First Nations]** Are you eligible for health services through the Non-Insured Health Benefits Program provided to status First Nations people through Health Canada (i.e., a Status card)?
Select one.

- Yes
- No **[Skip to S1-20a]**
- Don't know **[Skip to S1-20a]**
- Prefer not to answer **[Skip to S1-20a]**

S1-19. **[If S1-18 = Yes]** Have you had difficulties accessing any of the health services provided through the Non-Insured Health Benefits Program (NIHB) to status First Nations people through Health Canada?
Select all that apply.

- Eye and Vision Care Benefits
- Dental Benefits
- Medical Transportation Benefits
- Drug Benefits*
- Medical Supplies and Equipment (MS&E) Benefits
- Short-Term Crisis Intervention Mental Health Counselling Benefits
- Contraception
- Methadone
- Suboxone (a combination medicine including buprenorphine and naloxone)
- Addiction programs
- Other, please specify: **[Other Specify Required]**
- No difficulties **[Exclusive]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S1-20a. **[If S1-16 = First Nations]** Many people move on and off First Nations communities. Which of

the following statements applies best to your situation?
Select one.

- Since my last CHIWOS interview, I have lived inside and outside of a First Nations community (i.e., 'On and Off Reserve')
- Since my last CHIWOS interview, I have only lived inside a First Nations community (i.e., 'On Reserve') [Skip to S1-23]
- Since my last CHIWOS interview, I have only lived outside a First Nations community. (i.e., 'Off Reserve') [Skip to S1-23]
- Don't know [Skip to S1-23]
- Prefer not to answer [Skip to S1-23]

S1-20b. [If S1-20a = Lived inside and outside a First Nations community] Since your last CHIWOS interview, can you tell us how much time (in total) you spent living inside a First Nations community?

Indicate time: [Positive integer required]

- Year(s)
- Month(s)
- Week(s)
- Day(s)
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-20c. [If S1-20a = Lived inside and outside a First Nations community] How long ago was the last time you lived inside a First Nations community?

Indicate time: [Positive integer required]

- Year(s)
- Month(s)
- Week(s)
- Day(s)
- I currently live in a First Nations' community [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-20d. [If S1-20a = Lived inside and outside a First Nations community] Since your last CHIWOS interview, how many times have you moved from inside a First Nations community to outside a First Nations community?

Indicate number of times: [Positive integer required | 1 to 100]

- None [Exclusive] [Skip to S1-20h]
- Don't know [Exclusive] [Skip to S1-20h]
- Prefer not to answer [Exclusive] [Skip to S1-20h]

S1-20e. [If S1-20d >0] What were the reasons you moved away from the First Nations community?
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 [Eligible for S1-20g]
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-20f. [If S1-20d >0] What was the main reason for moving away from the First Nations community?
Select one.

- 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
- Other, as specified above
- Don't know
- Prefer not to answer

S1-20g. **[If S1-20e = HIV diagnosis]** Which of the following factors related to your HIV diagnosis influenced your move away from the First Nations community?
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, such as sexual orientation
- To remain anonymous / I didn't want people to find out about my HIV
- Concerns for children*
- Transportation to medical appointments*
- Other, please specify: **[Other specify required]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S1-20h. **[If S1-20a = Lived inside and outside a First Nations community]** Since your last CHIWOS interview, how many times have you moved from outside a First Nations community to inside a First Nations community?

Indicate number of times: **[Positive integer required | 1 to 100]**

- None **[Exclusive] [Skip to S1-23]**
- Don't know **[Exclusive] [Skip to S1-23]**
- Prefer not to answer **[Exclusive] [Skip to S1-23]**

S1-20i. **[If S1-20h >0]** What were the reasons you moved into the First Nations community?
Select all that apply.

- Family
- Connection to community/home
- Job opportunities
- Exposure of children to culture
- Housing became available
- Other, please specify: **[Other specify required]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S1-20j. **[If S1-20h >0]** What is the main reason you moved into the First Nations community?

Select one.

- Family [Skip to S1-23]
- Connection to community/home [Skip to S1-23]
- Job opportunities [Skip to S1-23]
- Exposure of children to culture [Skip to S1-23]
- Housing became available [Skip to S1-23]
- Other, as specified above [Skip to S1-23]
- Don't know [Skip to S1-23]
- Prefer not to answer [Skip to S1-23]

S1-21a. [If S1-16 = Métis] Many people move on and off Métis settlements. Which of the following statements applies best to your situation?

Select one.

- Since my last CHIWOS interview, I have lived inside and outside of a Métis settlement (i.e., 'On and Off a Métis settlement')
- Since my last CHIWOS interview, I have only lived inside a Métis settlement. (i.e., 'On a Métis settlement') [Skip to S1-23]
- Since my last CHIWOS interview, I have only lived outside a Métis settlement. (i.e., 'Off a Métis settlement') [Skip to S1-23]
- Don't know [Skip to S1-23]
- Prefer not to answer [Skip to S1-23]

S1-21b. [If S1-21a = Lived inside and outside a Métis settlement] Since your last CHIWOS interview, can you tell us how much time (in total) you spent living inside a Métis settlement?

Indicate time:

[Positive integer required]

- Year(s)
- Month(s)
- Week(s)
- Day(s)

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

S1-21c. [If S1-21a = Lived inside and outside a Métis settlement] How long ago was the last time you lived inside a Métis settlement?

Indicate time:

[Positive integer required]

- Year(s)

- Month(s)
- Week(s)
- Day(s)

- I currently live in a Métis settlement [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-21d. [If S1-21a = Lived inside and outside a Métis settlement] Since your last CHIWOS interview, how many times have you moved from inside a Métis settlement to outside a Métis settlement?

Indicate number of times: [Positive integer required | 1 to 100]

- None [Exclusive] [Skip to S1-21h]
- Don't know [Exclusive] [Skip to S1-21h]
- Prefer not to answer [Exclusive] [Skip to S1-21h]

S1-21e. [If S1-21d >0] What were the reasons you moved away from the Métis settlement?
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 [Eligible for S1-21g]
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-21f. [If S1-21d >0] What was the main reason for moving away from the Métis settlement?
Select one.

- 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
- Other, as specified above
- Don't know
- Prefer not to answer

S1-21g. **[If S1-21e = HIV diagnosis]** Which of the following factors related to your HIV diagnosis influenced your move away from the Métis settlement?
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, such as sexual orientation
- To remain anonymous / I didn't want people to find out about my HIV
- Concerns for children*
- Transportation to medical appointments*
- Other, please specify: **[Other specify required]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S1-21h. **[If S1-21a = Lived inside and outside a Métis settlement]** Since your last CHIWOS interview, how many times have you moved from outside a Métis settlement to inside a Métis settlement?

Indicate number of times: **[Positive integer required | 1 to 100]**

- None **[Exclusive] [Skip to S1-23]**
- Don't know **[Exclusive] [Skip to S1-23]**
- Prefer not to answer **[Exclusive] [Skip to S1-23]**

S1-21i. **[If S1-21h >0]** What were the reasons you moved into the Métis settlement?
Select all that apply.

- Family

- Connection to community/home
- Job opportunities
- Exposure of children to culture
- Housing became available
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-21j. [If S1-21h >0] What is the main reason you moved into the Métis settlement?
Select one.

- Family [Skip to S1-23]
- Connection to community/home [Skip to S1-23]
- Job opportunities [Skip to S1-23]
- Exposure of children to culture [Skip to S1-23]
- Housing became available [Skip to S1-23]
- Other, as specified above [Skip to S1-23]
- Don't know [Skip to S1-23]
- Prefer not to answer [Skip to S1-23]

S1-22a. [If S1-16 = Inuit] Many people move on and off Inuit communities. Which of the following statements applies best to your situation?
Select one.

- Since my last CHIWOS interview, I have lived inside and outside of a Inuit community. (i.e., 'On and Off an Inuit community')
- Since my last CHIWOS interview, I have only lived inside an Inuit community. (i.e., 'On an Inuit community') [Skip to S1-23]
- Since my last CHIWOS interview, I have only lived outside an Inuit community. (i.e., 'Off an Inuit community') [Skip to S1-23]
- Don't know [Skip to S1-23]
- Prefer not to answer [Skip to S1-23]

S1-22b. [If S1-22a = Lived inside and outside an Inuit community] Since your last CHIWOS interview, can you tell us how much time (in total) you spent living inside an Inuit community?

Indicate time: [Positive integer required]

- Year(s)
- Month(s)
- Week(s)
- Day(s)

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

S1-22c. [If S1-22a = Lived inside and outside an Inuit community] How long ago was the last time you lived inside an Inuit community?

Indicate time: [Positive integer required]

- Year(s)
- Month(s)
- Week(s)
- Day(s)

- I currently live in an Inuit settlement [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-22d. [If S1-22a = Lived inside and outside an Inuit community] Since your last CHIWOS interview, how many times have you moved from inside an Inuit community to outside an Inuit community?

Indicate number of times: [Positive integer required | 1 to 100]

- None [Exclusive] [Skip to S1-22h]
- Don't know [Exclusive] [Skip to S1-22h]
- Prefer not to answer [Exclusive] [Skip to S1-22h]

S1-22e. [If S1-22d >0] What were the reasons you moved away from the Inuit community?
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 [Eligible for S1-21g]
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-22f. [If S1-22d >0] What was the main reason for moving away from the Inuit community?

Select one.

- 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
- Other, as specified above
- Don't know
- Prefer not to answer

S1-22g. [If S1-22e = HIV diagnosis] Which of the following factors related to your HIV diagnosis influenced your move away from the Inuit community?

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, such as sexual orientation
- To remain anonymous / I didn't want people to find out about my HIV
- Concerns for children*
- Transportation to medical appointments*
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-22h. [If S1-22a = Lived inside and outside an Inuit community] Since your last CHIWOS interview, how many times have you moved from outside an Inuit community to inside an Inuit community?

Indicate number of times:

[Positive integer required | 1 to 100]

- None [Exclusive] [Skip to S1-23]
- Don't know [Exclusive] [Skip to S1-23]
- Prefer not to answer [Exclusive] [Skip to S1-23]

S1-22i. **[If S1-22h >0]** What were the reasons you moved into the Inuit community?
Select all that apply.

- Family
- Connection to community/home
- Job opportunities
- Exposure of children to culture
- Housing became available
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-22j. **[If S1-22h >0]** What is the main reason you moved into the Inuit community?
Select one.

- Family
- Connection to community/home
- Job opportunities
- Exposure of children to culture
- Housing became available
- Other, as specified above
- Don't know
- Prefer not to answer

S1-23. What is the highest level of formal education you have completed*?
Select one.

- No formal education
- Some Elementary / Grade school*
- Completed Elementary / Grade school*
- Some High school / Secondary
- Completed High school / Secondary
- Some GED (General Education Diploma)*
- Completed GED (General Education Diploma)*
- Some Trade or Technical training
- Completed Trade or Technical training
- Some CEGEP / College
- Completed CEGEP / College
- Some Undergraduate university*

- Completed Undergraduate university*
- Some Post-graduate education*
- Completed Post-graduate education*
- Other, please specify _____ [Other specify required]
- Don't know
- Prefer not to answer

S1-24. Are you currently employed? Employment includes any work at a job that is paid work, and includes people who have a job but are not at work due to maternity leave or illness. Select all that apply.

- Yes, I have a paid job, where income tax is deducted
- Yes, I have a paid job, but no income taxes are deducted
- Yes, I am self-employed
- No, I am not currently employed
- Other, please specify: [Other specify required]
- Prefer not to answer

S1-25a. In the last year, have you received social assistance from welfare or disability? In British Columbia, welfare is known as BC Employment and Assistance (BCEA). In Ontario, welfare is known as Ontario Works. In Québec, welfare is known as Emploi Québec Social Assistance. Select one.

- Yes
- No [Skip to S1-26]
- Don't know [Skip to S1-26]
- Prefer not to answer [Skip to S1-26]

S1-25b. [If S1-25a = Yes] In total, how much money do you usually receive from these sources each month?

- Indicate amount: [Positive integer required]
- Don't know [Exclusive]
 - Prefer not to answer [Exclusive]

S1-25c. [If S1-25a = Yes] On average, how long does your cheque last? Select one.

- Less than a day
- Less than a week

- Less than 2 weeks
- Less than 3 weeks
- The full month
- Don't know
- Prefer not to answer

S1-26. Do you make money from any of the following sources:
Select all that apply:

- Pension
- Sex work
- Selling drugs / drugs paraphernalia
- Pan-handling/ 'squeegeeing' / recycling
- Personal Savings
- Loan(s) / Student Loan(s)
- Parent / friend / relative / partner income
- Honoraria (workshops, trainings)
- Money from First Nations Band
- None of the above [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-27. Considering all income sources, how much does your **household** make in a year, before taxes (i.e., **household** gross yearly income*)?
Select one.

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 or more
- Don't know
- Prefer not to answer

S1-28. Considering all income sources, how much do **you** make in a year, before taxes (i.e., **personal** gross yearly income*)?
Select one.

- Less than \$10,000
- \$10,000 to less than \$19,999
- \$20,000 to less than \$29,999
- \$30,000 to less than \$39,999

- \$40,000 to less than \$49,999
- \$50,000 or more
- Don't know
- Prefer not to answer

S1-29. Since your last visit, have you been homeless*?
Select one.

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

S1-30. Do you have a regular place to stay right now?
Select one.

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

S1-31. What is the postal code for the place where you are currently living or regularly sleep?

- Postal Code: _____ [Skip to S1-33]
- Don't know [Exclusive]
 - Prefer not to answer [Exclusive]

S1-32. [If S1-31 = Don't know or Prefer not to answer] Can you indicate the city and a major intersection near where you regularly sleep?

- Indicate City/Town: [Text response required]
- Indicate Major Intersection: [Text response required]
- Don't know [Exclusive]
 - Prefer not to answer [Exclusive]

S1-33. What type of place are you currently living in?
Select one.

- Apartment / Condo / House
- Hotel room / SRO (single room occupancy) Hotel
- Shelter
- Recovery house / Transition House / Halfway House / Safe House

- Living outdoors, street, parks, car, parkades
- Couch surfing*
- Other, please specify: [Other specify required]
- Don't know
- Prefer not to answer

S1-34. How safe do you feel in the place that you currently live?
Select one.

- Extremely safe
- Somewhat safe
- Less than safe
- Not safe at all
- Don't know
- Prefer not to answer

S1-35. What factors contribute to your feeling safe in the place that you live?
Select all that apply.

- The people who I live with (partner, family, friends, room mates)
- My neighbourhood
- My neighbours
- My building has a strict guest policy
- The staff in my building
- The physical structure of my building (doors, locks, alarm system, bathroom facilities)
- Other, please specify: [Other specify required]
- None [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-36. Given your total household income, how difficult is it to meet your monthly housing costs (including rent, mortgage, property taxes, heat, electricity, water and/or 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

S1-37. How much do you agree or disagree with the statement:

My current housing situation is stable.
Select one.

- Strongly agree
- Somewhat agree
- Neither agree or disagree
- Somewhat disagree
- Strongly disagree
- Don't know
- Prefer not to answer

S1-38. The following questions are in regards to your experience with incarceration. Since your last CHIWOS interview, have you been incarcerated*, or held in custody overnight or longer, in Canada?
Select one.

- Yes
- No [Skip to S1-51]
- Don't know [Skip to S1-51]
- Prefer not to answer [Skip to S1-51]

S1-39. [If S1-38 = Yes] Since your last CHIWOS interview, how many times have you been incarcerated?

- Indicate number of times: [Positive integer required]
- Don't know [Exclusive]
 - Prefer not to answer [Exclusive]

S1-40. [If S1-38 = Yes] Since your last CHIWOS interview, how long were you incarcerated for (in total)?

- Indicate length of time: [Positive integer required]
- Year(s)
 - Month(s)
 - Week(s)
 - Day(s)
 - Don't know [Exclusive]
 - Prefer not to answer [Exclusive]

S1-41. **[If S1-38 = Yes]** During any incarceration events since your last CHIWOS interview, were you taking (or were you advised by a physician to take) HIV antiretroviral therapy (ART) medications*?
Select all that apply.

- During at least one incarceration since my last CHIWOS interview, I was taking ART. **[S1-42 & S1-45 eligible]**
- During at least one incarceration since my last CHIWOS interview, I was advised to be taking ART but I was not taking ART at the time. **[S1-42 eligible]**
- During at least one incarceration since my last CHIWOS interview, I had not been advised to take antiretroviral medication at the time, so I was not taking them.
- Don't know **[Exclusive] [Skip to S1-48]**
- Prefer not to answer **[Exclusive] [Skip to S1-48]**

S1-42. **[If S1-41 = I was taking ART / Had been advised]** Did any incarceration since your last CHIWOS interview interrupt or prevent your use of HIV antiretroviral therapy (ART) medications?
Select one.

- Yes, being incarcerated interrupted my use of HIV antiretroviral medications at least once
- No, being incarcerated never interrupted my use of HIV antiretroviral medications **[Skip to S1-45]**
- Don't know **[Skip to S1-45]**
- Prefer not to answer **[Skip to S1-45]**

S1-43. **[If S1-42 = Yes]** Why was your use of ART medications interrupted?
Select all that apply.

- Interruption due to transfer between facilities
- I interrupted or stopped use of ARTs to conceal or hide my HIV status
- I ran out of ART pills
- My ART pills were confiscated (taken away from me)
- Problems with prison nurses/doctors (e.g., didn't see a doctor in the prison, too much hassle, etc)
- The correct ARTs were unavailable
- Other (please specify): **[Other specify required]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S1-44. **[If S1-42 = Yes]** How long, in total, was the use of ART medications interrupted?

Indicate length of time: **[Positive integer required]**

- Year(s)
- Month(s)

- Week(s)
- Day(s)

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

S1-45. [If S1-41 = I was taking ART] Since your last CHIWOS interview, did being released from any prison interrupt your use of HIV antiretroviral therapy (ART) medications?
Select all that apply.

- Yes, being released from prison interrupted my use of HIV ART medications at least once
- No, being released from prison never interrupted my use of HIV ART [Skip to S1-48]
- Don't know [Skip to S1-48]
- Prefer not to answer [Skip to S1-48]

S1-46. [If S1-45 = Yes] Why was your use of antiretroviral medications interrupted when you were released from prison?
Select all that apply.

- Interruption due to release from facility
- Interruption due to transfer between facilities
- I interrupted ART use to conceal or hide my HIV status
- I ran out of ART pills
- My ART pills were confiscated (taken away from me)
- Problems with prison nurses/doctors (e.g., didn't see a doctor in the prison, too much hassle, etc).
- The correct ARTs were unavailable
- Other (please specify): [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-47. [If S1-45 = Yes] How long was the interruption(s) (in total)?

Indicate length of time: [Positive integer required]

- Year(s)
- Month(s)
- Week(s)
- Day(s)

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

S1-48. **[If S1-38 = Yes]** Since your last CHIWOS interview, did you tell anyone you were HIV-positive during any incarceration?

Select all that apply.

- Yes, corrections staff
- Yes, medical staff
- Yes, inmates
- Yes, other (please specify): **[Other specify required]**
- No **[Exclusive]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S1-49. **[If S1-38 = Yes]** While you were incarcerated (since your last CHIWOS interview), was your HIV status disclosed to anyone without your consent (i.e, involuntary disclosure)?

Select all that apply.

- Yes, to corrections staff
- Yes, to medical staff
- Yes, to inmates
- Yes, to others (please specify): **[Other specify required]**
- No **[Exclusive]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S1-50. **[If S1-38 = Yes]** Since your last CHIWOS interview, did you experience discrimination or harassment due to your positive HIV status during any incarceration?

Select all that apply.

- Yes, from corrections staff
- Yes, from medical staff
- Yes, from inmates
- Yes, other, please specify: **[Other specify required]**
- No **[Exclusive]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S1-51. Do you currently have any "Red Zones"* or restrictions that affect where you can go?

Select one.

- Yes
- No **[Skip to S2-01]**
- Don't know **[Skip to S2-01]**

- Prefer not to answer [Skip to S2-01]

S1-52. [If S1-51 = Yes] Have these restrictions affected where you can access healthcare services?
Select one.

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

Section 2: Medical and HIV Disease Information

S2-01a. 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 current height?

Indicate height and appropriate measure: [Positive number with decimal | 1 to 250]

- Feet / Inches
- Centimeters
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-01b. What is your current weight?

Indicate weight and appropriate measure: [Positive number with decimal | 1 to 800]

- Pounds
- Kilograms
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-02a. Have you ever taken HIV antiretroviral therapy medications (i.e., ARVs) for your own health?
Select one.

- Yes
- No [Skip to S2-07]
- Don't know [Skip to S2-07]
- Prefer not to answer [Skip to S2-07]

S2-02b. When you first started taking ARVs (i.e., for the *first time ever*), was HIV genotyping testing

(or drug resistance testing) done *before* you started on treatment?

Select one.

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

S2-02c. Since your last CHIWOS interview, have you discussed with a healthcare provider the importance of adhering to your ARVs?

Select one.

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

S2-02d. Are you currently taking ARVs for your own health?

Select one.

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

S2-03. Since your last CHIWOS interview, have there been any changes in your HIV antiretroviral therapy medications (i.e. ARVs*)?

Select all that apply.

- Not applicable – I was not on ARVs at my last CHIWOS interview and am not on ARVs now
[Exclusive] [Skip to S2-07]
- No
[Exclusive] [Skip to S2-05]
- Yes, change in type of ARV medications
- Yes, change in dosage of ARV medications
- Yes, I stopped taking ARVs
- Yes, I started taking ARVs
- Don't know
[Exclusive] [Skip to S2-05]
- Prefer not to answer
[Exclusive] [Skip to S2-05]

S2-04. [If S2-03 = Yes] What is (are) the reason(s) for the change in your ARVs*?

Select all that apply.

- Wasn't on ARVs and needed to start
- Side effects

- Simplification of regimen – e.g. one-pill a day, once a day, fewer pills
- ARV drug resistance
- Drug fatigue
- Pregnancy
- Kept forgetting
- Stress
- Was part of a research study
- Drug interactions
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-05.

Which ARVs* are you currently taking?

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

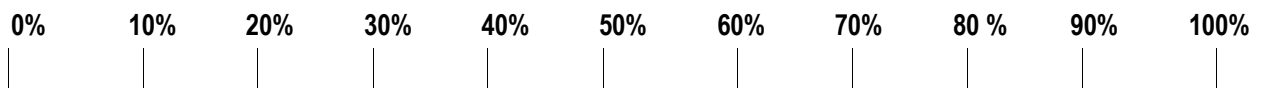
Select all that apply.

- None [Exclusive] [Skip to S2-07]
- 3TC (lamivudine)
- Agenerase (amprenavir)
- Aptivus (tipranavir)
- Atripla (tenofovir + FTC + efavirenz)
- Celsentri (maraviroc)
- Combivir (AZT + 3TC)
- Complera (tenofovir + FTC + rilpivirine)
- Crixivan (indinavir)
- Edurant (rilpivirine, TMC-125)
- Fortovase (saquinavir)
- FTC (emtricitabine)
- Fuzeon (enfuvirtide, T-20)
- Intelence (etravirine)
- Invirase (saquinavir)
- Isentress (raltegravir)
- Kaletra (lopinavir + ritonavir)
- Kivexa (abacavir+ 3TC)
- Norvir (ritonavir)
- Prezista (darunavir)
- Prezcofix (darunavir + cobisistat)
- Rescriptor (delavirdine)
- Retrovir (AZT, zidovudine)
- Reyataz (atazanavir)
- Sustiva (efavirenz)
- Stribild (tenofovir + FTC + elvitegravir + cobisistat)
- Telzir (fosamprenavir, Lexiva)
- Tivicay (dolutegravir)

- Triumeq (ABC + 3TC + dolutegravir)
- Trizivir (ABC + 3TC + AZT)
- Truvada (tenofovir + FTC)
- Videx (ddl, didanosine)
- Viracept (nelfinavir)
- Viramune (nevirapine)
- Viread (tenofovir)
- Zerit (d4T, stavudine)
- Ziagen (abacavir)
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-06. [If S2-05 = Any] 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.



S2-07. When did you receive your most recent CD4* count results?
Indicate month and year if possible, otherwise year only.

Indicate Year: [Positive integer required]
Indicate Month: [Optional text]

- Never received a CD4 count [Exclusive] [Skip to S2-10]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-08a. What is your most recent CD4* count?

Indicate count (cells/mm³): [Positive number required | 1 to 3000]
[Skip to S2-09a]

- Don't know / prefer to estimate [Exclusive]
- Prefer not to answer [Exclusive] [Skip to S2-09a]

S2-08b. [If S2-08a = 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

S2-09a. In the past year, how many CD4 tests have you had?

Indicate number of tests:

[Number required]

- Unable to estimate
- Prefer not to answer

S2-09b. Are you able to estimate your CD4 count when you were first diagnosed with HIV?

Select one.

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

S2-09c. Are you able to estimate your CD4 count when you first started taking ARVs (i.e., for the *first* time ever)?

Select one.

- <200 cells/mm³
- 200-500 cells/mm³
- >500 cells/mm³
- Not applicable - test was not available at the time / never started ARVs
- Unable to estimate
- Prefer not to answer

S2-10. When did you receive your most recent HIV viral load* results?

Indicate month and year if possible, otherwise year only.

Indicate Year:

[Positive integer required]

Indicate Month:

[Optional text]

- Never received viral load results [Exclusive] [Skip to S2-13]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-11a. What was your most recent viral load*, undetectable or detectable?
Select one.

- Undetectable (i.e. below 50 copies/mL) [Skip to S2-12]
- Detectable (i.e. over 50 copies/mL)
- Don't know [Skip to S2-12]
- Prefer not to answer [Skip to S2-12]

S2-11b. [If S2-11a = Detectable] Do you remember the exact result?

- Indicate result (copies/mL): [Positive number required | 40 to 10,000,000]
- Don't know [Exclusive]
 - Prefer not to answer [Exclusive]

S2-12. In the past year, how many viral load tests have you had?

- Indicate number of tests: [Number required]
- Unable to estimate
 - Prefer not to answer

S2-13. Since your last CHIWOS interview, have you 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

S2-14a. 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

S2-14c. Since your HIV diagnosis, have you ever been tested for Hepatitis C (Hep C)?
Select one.

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

S2-15. Have you ever been told by a doctor or nurse that you have hepatitis C (Hep C)?
Select one.

- Yes
- No [Skip to S2-17]
- Don't know [Skip to S2-17]
- Prefer not to answer [Skip to S2-17]

S2-16. [If S2-15 = Yes] Since your last CHIWOS interview, have you taken any medication for hepatitis C?

Hepatitis C medications include: Interferon (Intron A), Pegylated Interferon (Pegasys, Peg-Intron), Interferon/Ribavirin (Rebetron), Ribavirin (Virazole), Boceprevir (Victrelis), Ledipasvir/Sofosbuvir (Harvoni), Simeprevir (Galexos), Sofosbuvir (Sovaldi), Telaprevir (Incivek), Ombitasvir/Paritaprevir/Ritonavir (Holkira), Dasabuvir (Exviera) or other medications through a clinical trial for HCV treatment.

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

S2-17. Since your last CHIWOS interview, have you 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

S2-18a. Have you ever had your bone mineral density (BMD) measured to identify osteoporosis or osteopenia (i.e., bone density loss)?
Select one.

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

S2-18b. Do you take any of the following medications or vitamin supplements for your bones?
Select all that apply.

- Bisphosphonates (Alendronate, Etidronate (Didrocal))
- Calcium
- Vitamin D
- No [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-19a. In the last year, has a healthcare provider offered you the influenza vaccine (i.e., the flu shot)?
Select one.

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

S2-19b. Has a healthcare provider ever offered you the tetanus vaccine (offered every 10 years)?
Select one.

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

S2-19c. Has a healthcare provider ever offered you the pneumovax vaccine (offered every 5 years)?
Select one.

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

S2-19d. Has a healthcare provider ever talked to you about getting a Hepatitis A vaccine?
Select one.

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

S2-19e. Has a healthcare provider ever talked to you about getting a Hepatitis B vaccine?
Select one.

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

S2-19f. Since your HIV diagnosis, has a healthcare provider ever offered you a tuberculin skin test to test for tuberculosis (TB)?
Select one.

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

S2-20. Have you ever been diagnosed with any form of cancer or pre-cancer?
Select one.

- Yes
- No [Skip to S2-22a]
- Don't know [Skip to S2-22a]
- Prefer not to answer [Skip to S2-22a]

S2-21. [If S2-20 = Yes] Which of the following cancers have you been diagnosed with?
Select all that apply.

- Oral or pharynx
- Thyroid
- Skin
- Lung
- Breast
- Liver
- Stomach or Small Bowel
- Colon or Rectum
- Anal

- Ovarian
- Endometrial (i.e. of the uterus)
- Cervical
- Vulvar
- Lymphoma/Leukemia
- Bladder
- Kidney
- High Grade Cervical precancer* (Cervical Intraepithelial Neoplasia or CIN 2 or 3)
- High Grade Vulvar or vaginal precancer (Vulvar or Vaginal Intraepithelial Neoplasia, VIN or VaIN 2 or 3)
- High Grade Anal precancer (Anal Intraepithelial Neoplasia, AIN 2 or 3)
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-22a. Have you ever been diagnosed with any of the following health concerns?
Please read through each health concern
Select all that apply.

- Asthma / COPD*
 - Thyroid problem
 - Coronary Artery Disease*
 - Cardiac: arrhythmia*
 - Osteoporosis / osteopenia / decreased bone density
 - Fractures
 - Diabetes
 - Stroke*
 - Deep Vein Thrombosis / Pulmonary Embolism*
 - High cholesterol
 - High blood pressure/ hypertension
 - Inflammatory Bowel Disease*
 - Renal problem*
 - Arthritis, osteoarthritis
 - Chronic pains for other causes than arthritis requiring long term medication*
 - Cognitive impairment
 - HIV/AIDS Wasting Syndrome
 - Others, please specify [Other specify required]
- Note to PRA: These are conditions for which participant is being cared for and/or takes medication for and is important to the participant. We are not requesting the entire medical history.
- None [Exclusive]
 - Don't know [Exclusive]
 - Prefer not to answer [Exclusive]

S2-22b. Do you have any of the following disabilities?

Select all that apply.

- Partial deafness
- Complete deafness
- Partial blindness
- Complete blindness
- Physical difficulty to walk – requiring assistive device like cane or walker on regular basis
- Physical difficulty to walk – requiring wheel chair on regular basis
- Speech difficulty
- Physical difficulty moving one or both arms
- Other, please specify: [Other specify required]
- None [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-23. Please indicate to what extent the following circumstance has made it difficult for you to receive the care, services, or opportunities you wished to obtain over the past year:

A lack of health care professionals who are adequately trained and competent in HIV/AIDS care.

Select one.

- No problem at all
- Very slight problem
- Somewhat of a problem
- Major problem
- Don't know
- Prefer not to answer

S2-24. The following questions S2-25 and S2-26 are only to be answered by participants who earlier identified as having a personal trans gender experience in question S1-03.

Select one.

- Participant reported having a personal trans gender experience
- Participant did not report having a personal trans gender experience

[Skip to S3-07]

S2-25. [If S1-03 = Yes] Which of the following applies to your current situation regarding hormones/hormone replacement therapy 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: [Other specify required]
- Don't know
- Prefer not to answer

S2-26. [If S1-03 = Yes] Are you currently taking hormones or undergoing hormone replacement therapy?
Select one.

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

Section 3: Health Care and Support Service Utilization

S3-01 [If S1-03 = Yes] Have you ever accessed medical care from a trans specific clinic or doctor?
Select one.

- Yes
- No [Skip to S3-03]
- Don't know [Skip to S3-04]
- Prefer not to answer [Skip to S3-04]

S3-02. [If S3-01 = Yes] Why have you accessed medical care from a trans specific clinic or doctor?
Select all that apply.

- For my general care (family doctor) [Skip to S3-04]
- For my HIV related care [Skip to S3-04]
- Other, please specify: [Other specify required] [Skip to S3-04]
- Don't know [Exclusive] [Skip to S3-04]
- Prefer not to answer [Exclusive] [Skip to S3-04]

S3-03. [If S3-01 = No] Why have you not accessed medical care from a trans specific clinic or doctor?
Select all that apply.

- There is no trans related care in my area
- The clinic is too busy to take new patients
- Other, please specify: [Other specify required]
- Don't know [Exclusive]

- Prefer not to answer [Exclusive]

S3-04. [If S1-03 = Yes] Do you have a regular family doctor (other than your HIV doctor)?
Select one.

- Yes
- No [Skip to S3-07]
- Don't know [Skip to S3-07]
- Prefer not to answer [Skip to S3-07]

S3-05. [If S3-04 = Yes] 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

S3-06. [If S3-04 = Yes] 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

S3-07. Have you received any HIV medical care* since the last CHIWOS interview? This includes care provided by a nurse or nurse practitioner. The term "HIV medical care" refers to anytime you reviewed medical records and reports related to HIV, received CD4 counts or HIV viral load results or were prescribed antiretroviral HIV medicine.
Select one.

- Yes
- No [Skip to S3-31]
- Don't know [Skip to S3-31]
- Prefer not to answer [Skip to S3-31]

S3-08. Currently, which of the following healthcare providers primarily looks after your HIV medical care*? We will now refer to this person as “your HIV doctor”.
Select one.

- Family Physician / General practitioner (GP)
- Infectious disease specialist*
- Internist*
- Hematologist*
- Respiriologist*
- Immunologist*
- Microbiologist*
- Some type of specialist but not sure what type
- Nurse or nurse practitioner*
- Other, please specify: [Other specify required]
- Don't know [Skip to S3-12]
- Prefer not to answer [Skip to S3-12]

S3-09. Is this the same HIV doctor that you referred to at your last CHIWOS interview?
Select one.

- Yes, I see the same HIV doctor [Skip to S3-11]
- No, I changed HIV doctor
- No, I didn't have an HIV doctor at my last CHIWOS interview, but I do now. [Skip to S3-11]
- Don't know [Skip to S3-11]
- Prefer not to answer [Skip to S3-11]

S3-10. [If S3-09 = No, changed] What are the reasons why you changed HIV doctor since your last CHIWOS interview?
Select all that apply.

- My past HIV doctor left practice*
- My old doctor changed clinic, but I did not like the new clinic or did not want to follow him/her
- The clinic changed my doctor, not sure why
- I changed doctor because I changed clinic
- I changed because I did not get along well with him/her
- I changed to be followed by the same HIV doctor than my family/partner/friends
- I changed because I really wanted to be followed by my new HIV doctor
- I changed for someone with a schedule that better suits me
- My past HIV doctor referred me for this new one who is more specialised in women's care
- My past HIV doctor referred me for this new one who is more specialised in transgender issues
- My past HIV doctor referred me for this new one who is more specialised in HIV / HCV co-infection care

- Other, specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-11. How long have you been receiving consistent medical care from your HIV doctor?

Indicate amount of time: [Positive integer required]

- Days
- Months
- Years

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

S3-12. The following questions S3-13 through S3-17 are only to be answered by participants who earlier identified as having a personal trans gender experience in question S1-03. Select one.

- Participant reported having a personal trans gender experience
 - Participant did not report having a personal trans gender experience
- [Skip to S3-18]

S3-13. [If S1-03 = Yes] 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

S3-14. [If S1-03 = Yes] 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

S3-15. [If S1-03 = Yes] 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

S3-16. [If S1-03 = Yes] 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: [Other specify required]
- None [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-17. [If S1-03 = Yes] 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

S3-18. 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: [\[Drilldown menu of sites\]](#)

- I have received care in the last year, but do not feel comfortable naming the site [\[Exclusive\]](#)
- Don't know [\[Exclusive\]](#)
- Prefer not to answer [\[Exclusive\]](#)

S3-19. Is this the same clinic that you referred to at your last CHIWOS interview?
Select one.

- Yes [\[Skip to S3-21\]](#)
- No
- Don't know [\[Skip to S3-21\]](#)
- Prefer not to answer [\[Skip to S3-21\]](#)

S3-20. What are the reasons why you changed clinic since last visit?
Select all that apply.

- I changed clinic because I changed doctor
- I changed clinic to follow my old doctor at his new clinic
- The old clinic closed
- The old clinic moved too far from where I live
- The old clinic moved and I don't like the new clinic
- I changed because I did not like the old clinic
- I changed to be followed at a clinic closer to where I live
- I changed because I moved
- I changed for a clinic with a schedule that better suits me
- I changed for a clinic with services that better suits my needs
- It's officially the same clinic, but it moved
- Other, specify: [\[Other specify required\]](#)
- Don't know [\[Exclusive\]](#)
- Prefer not to answer [\[Exclusive\]](#)

S3-21. 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

S3-22. In the past year, how many times did you go to this clinic?

Select one.

- None
- Once
- Twice
- Three times
- Four times
- Between 5 and 11 times
- Twelve or more times
- Don't know
- Prefer not to answer

S3-23. 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

S3-24. 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
- Don't know
- Prefer not to answer

S3-26. Do you like your HIV doctor?

Select one.

- Yes
- No
- Don't know

Prefer not to answer

S3-27. 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 or disagree with each statement.

My HIV clinic is a place where I feel...
Select one per line.

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Prefer not to answer
a.	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"/>
b.	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"/>
c.	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"/>
d.	Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Physically safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Emotionally safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	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"/>
h.	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"/>
i.	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"/>
j.	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"/>
k.	respected, overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	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"/>
m.	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"/>
n.	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"/>
o.	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"/>

p.	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"/>
q.	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"/>
r.	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"/>
s.	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"/>
t.	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"/>
u.	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"/>
v.	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"/>
w.	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"/>
x.	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"/>
y.	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"/>
z.	I can receive sexual and reproductive health services (e.g., Pap testing*, mammograms*, STI tests, etc) in addition to my HIV care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa.	I can receive mental and counselling services on site, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab.	I can receive violence support services on site, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ac.	I can receive substance use services on site, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ad.	I can receive help with accessing social support services, including housing, food assistance, and/or social assistance, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ae.	I can receive medical and social support services for my children, partner, or other family members regardless of their HIV status, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
af.	I can receive childcare support if needed (e.g., childcare subsidies and/or child minding support while they receive care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ag.	I can receive transportation support to access care if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ai.	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"/>
aj.	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"/>
ak.	there are opportunities for me 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"/>
al.	there are opportunities for me 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"/>
am.	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"/>
an.	there are opportunities for me 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"/>
ao.	there are opportunities for me to be involved in the planning and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	delivery of services							
ap.	the care 'meets me where I'm at'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-28

Now, please rate all of the care you have received at this HIV clinic during the last 12 months. Select one per line.

		Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied	Don't know	Prefer not to answer
a.	The health professionals' focus on prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The health professionals' knowledge of women's health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Information I get about healthy living (such as diet and exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The health professionals' interest in my mental and emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Help with finding information resources in women's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	How well 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"/>
g.	Information about how to get the results of my tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h.	How well the health professionals explain the results of tests or procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	I can get both gynecologic and general health care here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	My overall trust in the health professionals here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-29

The following questions will ask about the care you might have received in the past year from your HIV doctor . Please let me know how much you agree or disagree with each statement. In the statements below, the 'problem' refers to health-related issues, conditions, risks or treatments that you talked to your HIV doctor about during your appointments. Health is broadly defined (e.g., physical, mental, spiritual, social).

My HIV doctor...

		Very strongly agree	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Very strongly disagree	Prefer not to answer
a.	Was interested in my worries about the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Was interested when I talked about my symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Was interested in what I wanted to 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"/>
d.	I felt encouraged to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Was careful to explain the plan of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Was sympathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Was interested in what I thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	the problem was								
h.	Discussed and agreed together what the problem was	<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.	Was interested in what I wanted done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Was interested in what treatment I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Discussed and reached agreement with me on the plan of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Knows me and understands me well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Understands my emotional needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	I'm confident that the doctor knows me and my history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Talked about ways to lower the risk of future illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	Advised me on how to prevent future health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	Explained clearly what the problem was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	Was definite about what the problem was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	Was positive about when the problem would settle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.	Was interested in the effect of the problem on my family or personal 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"/>

u. Was interested in the effect of the problem on my everyday activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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S3-30. Please indicate how much you agree or disagree 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.

Note: Before proceeding, please read out loud the definition of 'women-centred care':

'Women-centred care' is care that supports women living with HIV to achieve the best health and well-being as defined by women. This type of care recognizes, respects and addresses women's unique health and social concerns, and recognizes that they are connected. Because this care is driven by women's diverse experiences, care is flexible, and takes the different needs of women into consideration.

Select one per line.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to answer
a. 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"/>
b. Overall, I think that the care I have received from my HIV clinic has been women-centred*.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 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"/>
d. Overall, I think that the care I have received from my HIV Doctor has been women-centred*.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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"/>
f. Overall, my satisfaction with the care I receive depends on how women-centred* it is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. [Once table is complete, skip to S3-33]

S3-31. [If S3-07 = No, Don't know, Prefer not to answer] When did you last receive HIV medical

care*?

Select one.

- I never received HIV medical care
- 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

S3-32.

What were your reasons for never receiving or leaving HIV medical 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*
- Long wait times/Waitlist/Hard to get an appointment
- Hours of operation were not accessible to me
- Transportation barriers
- Language barriers
- Cost*
- Childcare barriers*
- 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 specify required]
- Other, please specify:
[Other specify required]

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

S3-33. 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 since last CHIWOS interview.
Select one per line.

		Major Problem	Somewhat of a problem	Very slight problem	No problem at all	Prefer not to answer
a.	Long distances to medical facilities and personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	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"/>
c.	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"/>
d.	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"/>
e.	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"/>
f.	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"/>
g.	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"/>
h.	Community residents' stigma against persons living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	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"/>
j.	The lack of supportive and understanding work environments for people living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Your personal financial resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Lack of adequate and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-34. Since your last CHIWOS interview, in what way(s) (if any) do you participate in HIV work in your community? This includes paid or volunteer work.

Select all that apply.

- High-level administration/operations (e.g., Executive Director, Director, Manager, Coordinator)
- Providing peer support (e.g., peer support workers, peer navigators, peer counsellors)
- Providing community outreach (e.g., peer outreach workers)
- Delivering HIV education (e.g., peer educator, peer trainer, peer facilitator, HIV 101)
- Conducting research (e.g., peer research associate, PRA)
- Sitting on a board of directors (in any capacity)
- Sitting on an advisory committee (in any capacity)
- Helping with fundraising (e.g., AIDS Walk)
- Helping with or attendance at special events (e.g., retreats, skills development workshops, conferences, etc.)
- Administrative tasks (e.g., front desk receptionist, mail room staff, answering phone, entering data such as hours, assembling materials for distribution etc)
- Other, please specify: [Other specify required]
- Not Applicable – do not participate [Exclusive] [Skip to S3-40]
- Don't know [Exclusive] [Skip to S3-40]
- Prefer not to answer [Exclusive] [Skip to S3-40]

S3-35. [If S3-34 = Any participation] What kind of organization(s) are you involved with in doing this HIV work?

Select all that apply.

- AIDS Service Organization (ASO) / Community-Based Organization (CBO)
- Clinic / Hospital / Health Centre
- University / Research Institute
- Other, specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-36 [If S3-34 = Any participation] At what level do you do this HIV work?

Select all that apply.

- Local
- Provincial
- National
- International
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-37. [If S3-34 = Any participation] Are these paid opportunities?

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

S3-38. **[If S3-34 = Any participation]** 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

S3-39. **[If S3-34 = Any participation]** At the organization(s) where you are involved in HIV work, how satisfied are you with this/these organizations' effort to involve people living with HIV?
Select one.

- Very satisfied
- Somewhat satisfied
- Neutral (Neither satisfied nor dissatisfied)
- Somewhat dissatisfied
- Very dissatisfied
- Don't know
- Prefer not to answer

S3-40. What challenges (if any) have you faced that affected your ability to become involved in HIV work in your community?
Select all that apply.

- Inadequate compensation / payment
- Difficulty / concerns around disclosure of HIV status
- Difficulty / concerns around reporting earned income to disability / private insurance / other programs
- Conflict-of-interest policy of organization disallows clients to also work as employees / volunteers
- Organizations seeing peers as lacking the required skills / education / training (even if they have it)
- Organizations not interested in involving people living with HIV / unwelcoming to people living with HIV
- People living with HIV involvement feeling like tokenism*
- Poor health / side effects of the medications

- Lack of opportunities to gain the required skills / education / training (financial and otherwise)
- Lack of time
- Lack of childcare
- Lack of money for transportation
- Criminal record
- Struggling with poverty
- Struggling with addictions
- Not aware of such opportunities
- Other, please specify: [Other specify required]
- None, not interested in becoming involved in HIV work in my community
[Exclusive]
- None [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-41. What benefits (if any) do you think come from being involved in HIV work in your community? Please identify the 3 most important benefits to you.
Select up to three responses.

- Provide role models for other people living with HIV
- Help to reduce stigma / Reduced fears and myths about HIV
- Keeps agencies grounded in the realities of living with HIV/AIDS
- Leads to more effective services
- Leads to a healthier community
- Helps create a more compassionate environment
- Gives people living with HIV an opportunity to engage with communities
- Provides a sense of purpose
- Supports skill building / learning
- Supports self-worth / self-esteem
- Builds community for the organization
- Builds a sense of ownership for the organization
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-42. What types of HIV work would you like to contribute to in your community, but currently do not? This includes paid or volunteer work.

Select all that apply.

- High-level administration/operations (e.g., Executive Director, Director, Manager, Coordinator)
- Providing peer support (e.g., peer support workers, peer navigators, peer counsellors)
- Providing community outreach (e.g., peer outreach workers)
- Delivering HIV education (e.g., peer educator, peer trainer, peer facilitator, HIV 101)
- Conducting research (e.g., peer research associate, PRA)

- Sitting on a board of directors (in any capacity)
- Sitting on an advisory committee (in any capacity)
- Helping with fundraising (e.g., AIDS Walk)
- Helping with or attendance at special events (e.g., retreats, skills development workshops, conferences, etc.)
- Administrative tasks (e.g., front desk receptionist, mail room staff, answering phone, entering data such as hours, assembling materials for distribution etc)
- Other, please specify: [Other specify required]
- I'm satisfied with my current involvement / contributions [Exclusive]
- Not Applicable – do not want to participate [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-43. How important do you think the following issues are for your HIV healthcare provider to discuss with you?
Select one per line.

		Very Important	A little important	Not important	Prefer not to answer
a.	Understanding how prescriptions and pharmacies work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Being comfortable with your HIV medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Understanding HIV disease and how HIV is transmitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Knowing where to seek help when sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	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"/>
f.	Knowing what fertility choices and pregnancy planning services are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Education on safer sex methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Being explained what the issues are about HIV non-disclosure and criminalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Understanding issues surrounding HIV disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Being familiar with community supports (ASOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Understanding your rights to confidentiality, respect, and quality care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-44. Questions S3-45 and S3-46 are only for participants who are less than 30 years of age on the date of interview. Is the participant 30 years of age or less?

Select one.

- Yes, participant is 30 years of age or less
- No, participant is more than 30 years of age [Skip to S4-01]

S3-45. [If S3-44 = Yes] Have you ever taken part in programs specific for young adults living with HIV?

Select one.

- Yes
- No, because I didn't know such programs existed / Never heard of them
- No, because I am not interested in programs for young adults living with HIV
- No, because programs don't exist in my area
- Don't know
- Prefer not to answer

S3-46. [If S3-44 = Yes] How important do you think the following issues are for your HIV healthcare provider to discuss with you?

		Very Important	A little important	Not important	Prefer not to answer
a.	Understanding the differences between young and older adult care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Having your parents attend appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Being comfortable attending appointments alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Being comfortable scheduling your own appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Emotional Wellbeing, Resiliency, and Health Related Quality of Life

S4-01. Which, if any, of the following mental health conditions are you currently living with? Please only include conditions that have been diagnosed by a healthcare provider. 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 specify required]
- Other, please specify: [Other specify required]
- Other, please specify: [Other specify required]
- None [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S4-02. 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 line.

		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
a.	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"/>
b.	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"/>
c.	I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	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"/>
e.	I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	I could not get "going".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4-03. During the past 30 days, about how often did you feel ...
Select one per line.

	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
a. Nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4-04. 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 line.

	Yes, limited a lot	Yes, limited a little	No, not limited at all	Prefer not to answer
a. 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"/>
b. Climbing several flights of stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4-05. 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 line.

	Yes	No	Prefer not to answer
a. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4-06. 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 line.

	Yes	No	Prefer not to answer
a. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Didn't do work or other activities as carefully as usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4-07. 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

S4-08. 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 line.

	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
a. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>
c. Have you felt downhearted and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

blue?									
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S4-09. 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

S4-10. How about now in general, would you say your health is: Select one.

- Excellent
- Very Good
- Good
- Fair
- Poor
- Prefer not to answer

Section 5: Women's Reproductive Health

S5-001. The following section asks about a wide variety of factors important to understanding women's reproductive health.

What was your biological sex* at birth? Select one.

- Male [Skip to S5-052]
- Female
- Intersex* [Skip to S5-052]
- Undetermined [Skip to S5-052]
- Other, please specify: [Other specify required]
- Don't know
- Prefer not to answer

S5-002a. [If S5-001 = Female] Since your last CHIWOS interview, 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

S5-002b. **[If S5-001 = Female]** When, approximately, was the last time you had a Pap test? Please tell me the Month and Year.

Indicate month: **[Month optional]**

Indicate year: **[Year required]**

- I've never had a Pap test **[Exclusive]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S5-003. **[If S5-001 = Female]** Have you ever received the HPV (human papilloma virus) vaccine? This vaccine is administered over three doses.

Select one

- Yes, all three doses of the vaccine were administered (Complete)
- Yes, but not all doses of the vaccine have been administered (Incomplete)
- No
- Don't know
- Prefer not to answer

S5-004. **[If S5-001 = Female]** When, approximately, was your last mammogram*? Please tell me the Month and Year.

Indicate month: **[Month optional]**

Indicate year: **[Year required]**

- Question is not applicable to me **[Exclusive]**
- I've never had a mammogram **[Exclusive]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S5-006. **[If S5-001 = Female]** When did you start your most recent menstrual period*?

Probe for best estimate.

Select one.

- Never had a menstrual period **[Skip to S5-017]**
- Within the last month **[Skip to S5-008]**

- More than 1 month ago, but within the last 3 months [Skip to S5-008]
- More than 3 months ago, but within the last 6 months [Skip to S5-008]
- More than 6 months ago, but within the last 9 months [Skip to S5-008]
- More than 9 months ago, but within the last year [Skip to S5-008]
- More than 1 year ago, but within the last 2 years
- More than 2 years ago
- Don't know [Skip to S5-008]
- Prefer not to answer [Skip to S5-008]

S5-007. [If S5-006 >1 year] 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 natural menopause*
- I've undergone surgery that induced menopause
- I've undergone menopause due to chemotherapy or radiation therapy
- I've been pregnant or breastfeeding
- Long-term drug use
- I am taking Depo-Provera (injectable hormonal contraception) or have the Mirena IUD
- Other, please specify: [Other specify required]
- Don't know
- Prefer not to answer

S5-008. [If S5-001 = Female] How would you describe your current menstrual status as it relates to menopause*?
Select one.

- Premenopausal* [Skip to S5-017]
- Perimenopausal* [Skip to S5-010]
- Postmenopausal*
- Don't know [Skip to S5-017]
- Prefer not to answer [Skip to S5-017]

S5-009. [If S5-008 = Postmenopausal] When did you complete menopause*?

- Indicate month: [Month optional]
Indicate year: [Year required]
- Don't know [Exclusive]
 - Prefer not to answer [Exclusive]

S5-010. **[If S5-008 = Perimenopausal or postmenopausal]** Thinking back to the last two weeks, have you experienced any of the following symptoms? Please mark the appropriate box for each symptom.

Select one per line.

		None (0)	Mild (1)	Moderate (2)	Severe (3)	Very severe (4)	Prefer not to answer
a.	Hot flushes/sweating/episodes of sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Unusual awareness of heart beat, heart skipping, heart racing, tightness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Sleep problems (difficulty falling asleep, difficulty sleeping through, waking early)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Depressive mood (feeling down, sad, tearful, lack of drive, mood swings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Irritability (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Anxiety (inner restlessness, feeling panicky)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Sexual problems (change in sexual desire, in sexual activity and satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Dryness of the vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S5-011. **[If S5-008 = Perimenopausal or postmenopausal]** Since the onset of menopausal symptoms, have

you experienced more side effects, fewer side effects, or no change in side effects of your antiretroviral therapy?

Select one.

- More ART-related side effects
- Fewer
- No change
- Not receiving antiretroviral therapy
- Not able to compare (i.e., started antiretroviral therapy during or after menopause)
- Don't know
- Prefer not to answer

S5-012. [If S5-008 = Perimenopausal or postmenopausal] How supported do you feel by your healthcare provider through your menopause care?

Select one.

- Adequately supported
- Somewhat supported
- Neutral
- Not adequately supported
- Not supported at all
- Don't know
- Prefer not to answer

S5-013. [If S5-008 = Perimenopausal or postmenopausal] Since your last CHIWOS interview, have you taken or are still taking any of the following medications?

Select all that apply

- Hormone replacement therapy
- Calcium supplements
- Vitamin D supplements
- Bisphosphonates (family of drugs used to treat osteoporosis)
- Complementary or alternative medicines, please specify: [Other specify required]
- Other, please specify: [Other specify required]
- None [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-014. [If S5-008 = Perimenopausal or postmenopausal] Have you ever taken any of the following medications to specifically manage the vasomotor symptoms of menopause such as hot flashes?

Select all that apply

- Hormone Replacement Therapy (HRT)
- Anti-depressants (list examples): _____
- Clonidine
- Gabapentin
- Natural health products/alternative medicines.
- None [Exclusive]
- Don't Know [Exclusive]
- Prefer not to answer [Exclusive]

S5-015. [If S5-008 = Perimenopausal or postmenopausal] Have you ever discussed menopause with your healthcare provider?
Select one.

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

S5-017. [If S5-001 = Female] Are you currently pregnant?
Select one.

- Yes
- No [Skip to S5-022]
- Don't know [Skip to S5-022]
- Prefer not to answer [Skip to S5-022]

S5-018. [If S5-017 = Yes] For your current pregnancy, how many weeks pregnant are you?

Indicate number of weeks: [Positive integer required | 1 to 50]

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

S5-019a. [If S5-017 = Yes] Was this a planned pregnancy?
Select one.

- Yes
- No [Skip to S5-020]
- Don't know [Skip to S5-020]
- Prefer not to answer [Skip to S5-020]

S5-019b. **[If S5-019a = Yes]** Did you receive pre-conception counselling with a healthcare professional before attempting to become pregnant?

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

S5-020. **[If S5-017 = Yes]** Were you on HIV antiretroviral therapy (ART) before you became pregnant?
Select one.

- Yes **[Skip to S5-022]**
- No
- Don't know **[Skip to S5-022]**
- Prefer not to answer **[Skip to S5-022]**

S5-021. **[If S5-020 = No]** How many weeks pregnant were you when you started HIV antiretroviral therapy (ART)?

Indicate number of weeks: **[Positive integer required | 1 to 50]**

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

S5-022. **[If S5-001 = Female]** Excluding your current pregnancy (if applicable), since your last study visit, how many times have you been pregnant?

Indicate number of pregnancies: **[Integer required | 0 to 50]**
[If >0 then continue]
[If 0 and S5-017 ≠ Yes, skip to S5-049]
[If 0 and S5-017 = Yes, skip to S5-027]

- Don't know **[Exclusive]**
[If S5-017 ≠ Yes, Skip to S5-049]
[If S5-017 = Yes, skip to S5-027]
- Prefer not to answer **[Exclusive]**
[If S5-017 ≠ Yes, skip to S5-049]
[If S5-017 = Yes, skip to S5-027]

S5-023a. [If S5-022 >0] What was the outcome of each pregnancy? Select one per pregnancy.	Pregnancy			
	1 Most Recent	2	3	4 Least Recent

A. Single live birth	[Skip to S5-023c]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Multiple live births*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Miscarriage	[Skip to S5-023s]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Stillbirth	[Skip to S5-023s]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Pregnancy termination*	[Skip to S5-023s]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Ectopic pregnancy*	[Skip to S5-023s]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Don't know	[Skip to next pregnancy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Prefer not to answer	[Skip to next pregnancy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>S5-023b. [If 023a = Multiple live births] How many live births occurred? Select one per pregnancy.</p>					
	One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Two	<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"/>
	Other, please specify	_____	_____	_____	_____
<p>S5-023c. [If S5-023a = A] Was this a planned pregnancy? Select one per pregnancy.</p>					
	Yes	<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"/>
	Don't know	<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"/>
<p>S5-023d. [If S5-023a = A] Were you on HIV antiretroviral therapy (ART) before you became pregnant? Select one per pregnancy.</p>					
	Yes	<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"/>
	Don't know	<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"/>
<p>S5-023e. [If S5-023d = No] How many weeks pregnant were you when you started antiretroviral therapy (ART)?</p>					
	Indicate number of weeks [1 to 50]:	_____	_____	_____	_____
	Don't know	<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"/>
<p>S5-023f. [If S5-023a = A] When did you deliver?</p>					
	Indicate month and year of delivery:	_____	_____	_____	_____
	Don't know	<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"/>
<p>S5-023g. [If S5-023a = A] How far along (in weeks*) were you when you delivered?</p>					
	Indicate number of weeks [1 to 50]:	_____	_____	_____	_____

	Don't know 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"/>
S5-023h. [If S5-023a = A] Was the baby delivered by vaginal delivery or caesarean*? Select one per pregnancy.	Vaginal delivery Caesarean delivery Don't know 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
S5-023i. [If S5-023a = A] Was the baby born in Canada? Select one per pregnancy.	Yes No Don't know 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
S5-023ii. [If S5-023a = A] Did you receive pre-conception counselling with a healthcare professional before attempting to become pregnant?	Yes No Don't know 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
S5-023j. [If S5-023a = A] Was your baby tested for HIV*? In the case of multiple live births, this question would apply for the first baby. Select one per pregnancy.	Yes No, not that I know of Don't know 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
S5-023k. [If S5-023j = Yes] What was the final result of the HIV test? Select one per pregnancy.	HIV-Positive HIV-Negative Testing underway Don't know 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"/> <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"/> <input type="checkbox"/>
S5-023l. [If S5-023j = A] Who is the child living with today? Select one per pregnancy.	Both biological parents Biological mother Biological father Shared custody 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"/> <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"/> <input type="checkbox"/>

<p>Adoptive parents <input type="checkbox"/></p> <p>Foster care <input type="checkbox"/></p> <p>Child Protective Services (CPS) <input type="checkbox"/></p> <p>Child is deceased <input type="checkbox"/></p> <p>Other, please specify <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Prefer not to answer <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>S5-023m. [S5-023b = 2 or more] Was your second baby tested for HIV* ?</p> <p>Select one per pregnancy.</p> <p>Yes <input type="checkbox"/></p> <p>No, not that I know of <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Prefer not to answer <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>S5-023n. [S5-023m = Yes] What was the final result of the HIV test for the second baby?</p> <p>Select one per pregnancy.</p> <p>HIV-Positive <input type="checkbox"/></p> <p>HIV-Negative <input type="checkbox"/></p> <p>Testing underway <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Prefer not to answer <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>S5-023o. [S5-023b = 2 or more] Who is the second child living with today?</p> <p>Select one per pregnancy.</p> <p>Both biological parents <input type="checkbox"/></p> <p>Biological mother <input type="checkbox"/></p> <p>Biological father <input type="checkbox"/></p> <p>Shared custody <input type="checkbox"/></p> <p>Another family member or relative <input type="checkbox"/></p> <p>Adoptive parents <input type="checkbox"/></p> <p>Foster care <input type="checkbox"/></p> <p>Child Protective Services (CPS) <input type="checkbox"/></p> <p>Child is deceased <input type="checkbox"/></p> <p>Other, please specify <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Prefer not to answer <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>S5-023p. [S5-023b = 3 or more] Was your third baby tested for HIV*?</p> <p>Select one per pregnancy.</p> <p>Yes, tested at birth <input type="checkbox"/></p> <p>No, not that I know of <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Prefer not to answer <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>S5-023q. [If S5-023p = Yes] What was the final result of the HIV test for the third baby? Select one per pregnancy.</p> <p>HIV-Positive HIV-Negative Testing underway Don't know Prefer not to answer</p>	<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"/> <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"/>
<p>S5-023r. [S5-023b = 3 or more] Who is the third child living with today? Select one per pregnancy.</p> <p>Both biological parents Biological mother Biological father Shared custody Another family member or relative Adoptive parents Foster care Child Protective Services (CPS) Child is deceased Other, please specify Don't know Prefer not to answer</p>	<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"/> <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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>S5-023s. [S5-023b = B] Was this a planned pregnancy? Select one per pregnancy.</p> <p>Yes No Don't know Prefer not to answer</p>	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>S5-023t. [S5-023b = B] Were you on HIV antiretroviral therapy (ART) before you became pregnant? Select one per pregnancy.</p> <p>Yes No Don't know Prefer not to answer</p>	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>S5-023u. [If S5-023t = No] How many weeks pregnant were you when you started antiretroviral therapy (ART)? Indicate number of weeks [1 to 50]: Don't know Prefer not to answer</p>	 <input type="checkbox"/> <input type="checkbox"/>	 <input type="checkbox"/> <input type="checkbox"/>	 <input type="checkbox"/> <input type="checkbox"/>	 <input type="checkbox"/> <input type="checkbox"/>
<p>S5-023v. [S5-023b = B] When did the pregnancy end? Indicate month and year:</p>	 	 	 	

Don't know 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"/>
S5-023w. [S5-023b = B] How many weeks had you been pregnant when the pregnancy ended? Indicate number of weeks: Don't know 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"/>
S5-023x. [S5-023b = B] Did you receive pre-conception counselling with a healthcare professional before attempting to become pregnant? Yes No Don't know 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

S5-027. [If S5-017 = Yes or S5-022 > 0] 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 [Skip to S5-030]
- HIV-negative
- Unknown HIV status
- Prefer not to answer [Skip to S5-030]

S5-028. [If S5-027 = Negative or Unknown] 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
- No [Skip to S5-030]
- Don't know [Skip to S5-030]
- Prefer not to answer [Skip to S5-030]

S5-029. [If S5-028 = Yes] 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.
- Used a condom, condom failure, unplanned pregnancy
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-030. These next questions are only for participants that are currently pregnant, or have had a pregnancy resulting in a live birth since their last CHIWOS interview.

- Yes, participant is either pregnant, had a pregnancy that resulted in a live birth since their last CHIWOS interview, or both. [Continue to S5-031]
- No, participant is not pregnant and has not had a pregnancy that resulted in a live birth since their last CHIWOS interview. [Skip to S5-049]

S5-031. [If S5-030 = Yes] The following questions are about your attitudes, feelings and experiences with your current pregnancy or your most recent pregnancy that resulted in a live birth since your last CHIWOS interview. 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

S5-032. [If S5-030 = 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

S5-033. **[If S5-030 = Yes]** 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

S5-034. **[If S5-030 = 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 S5-036]
- Don't know [Skip to S5-036]
- Prefer not to answer [Skip to S5-036]

S5-035. **[If S5-034 = 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

S5-036. **[If S5-030 = Yes]** Did you take a vitamin supplement containing folic acid prior to or during your current or most recent pregnancy?
Select one.

- Yes
- No
- Don't know

- Prefer not to answer

S5-037. **[If S5-030 = Yes]** At any time during your current or most recent pregnancy, 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 S5-040]**
- No, was not trying/planning to get pregnant **[Skip to S5-040]**
- Prefer not to answer **[Skip to S5-040]**

S5-038. **[If S5-037 = Yes]** Since your last visit, did you access any fertility services to help you become pregnant?

Select one.

- Yes
- No **[Skip to S5-040]**
- Prefer not to answer **[Skip to S5-040]**

S5-039. **[If S5-038 = 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: **[Other specify required]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S5-040. These next questions are only for participants that reported a pregnancy resulting in a live birth since their last CHIWOS interview.

- Yes, participant reported a pregnancy that resulted in a live birth since their last CHIWOS interview. **[Continue to S5-041]**
- No, participant did not report a pregnancy that resulted in a live birth since their last CHIWOS interview. **[Skip to S5-052]**

S5-041. **[If S5-040 = Yes]** The following questions explore your experience of infant feeding for the infant most recently born since your last CHIWOS interview.

Did you receive any counselling from your health care provider regarding optimal infant feeding practices?

Select one.

- Yes
- No **[Skip to S5-043]**
- Don't know **[Skip to S5-043]**
- Prefer not to answer **[Skip to S5-043]**

S5-042. **[If S5-041 = Yes]** Were you satisfied with the information provided?

Select one.

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

S5-043. **[If S5-040 = Yes]** Did your healthcare provider discuss the importance of bonding with your child if you're not breastfeeding?

Select one.

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

S5-044. **[If S5-040 = Yes]** Did you access any free formula programs for HIV-positive women?

Select one.

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

S5-045. **[If S5-040 = Yes]** Did you feel like you received support for the infant feeding practice that you used?

Select one.

- Yes
- No

- Don't know
- Prefer not to answer

S5-046. **[If S5-040 = Yes]** Were you concerned with the impact of not breastfeeding on your role and identity as a mother?
Select one.

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

S5-047. **[If S5-040 = Yes]** Did you experience social and cultural pressures to breastfeed your infant?
Select one.

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

S5-048. **[If S5-040 = Yes]** Were you concerned about being identified as a woman living with HIV if you didn't breastfeed your infant?
Select one.

- Yes **[Skip to S5-52]**
- No **[Skip to S5-52]**
- Don't know **[Skip to S5-52]**
- Prefer not to answer **[Skip to S5-52]**

S5-049. **[If S5-017 = No reported pregnancies, and S5-022 = No reported pregnancies]** Since your last CHIWOS interview, have you experienced any challenges or difficulties trying to get pregnant?
Select one.

- No, have not tried to get pregnant since my last CHIWOS interview **[Skip to S5-052]**
- Yes, experienced difficulties
- Yes, because did not have a sexual partner at the time
- Yes, because sexual partner is/was same-sex
- Prefer not to answer **[Skip to S5-052]**

S5-050. **[If S5-049 = Yes]** Have you accessed any fertility services since your last CHIWOS interview?
Select one.

- Yes
- No **[Skip to S5-052]**

- Don't know [Skip to S5-052]
- Prefer not to answer [Skip to S5-052]

S5-051. [if S5-050 = Yes] Did you use any of the following fertility treatments or services?
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: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-052. Do you know of any HIV-positive women in Canada who breastfed their infant?
Select one.

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

S5-053. Now I'd like to ask you a few questions about your experiences with motherhood. Are you a mother? That is, do you have children (either biological or adopted)?
Select one.

- Yes
- No [Skip to S5-076]
- Prefer not to answer [Skip to S5-076]

S5-054. [If S5-053 = Yes] How many children do you have? Please include all living children, biological and adopted. Whether they live with you or not.

Indicate number of children: [Positive integer required | 1 to 50]

- Zero [Exclusive] [Skip to S5-076]
- Don't know [Exclusive] [Skip to S5-076]
- Prefer not to answer [Exclusive] [Skip to S5-076]

S5-055a. [If S5-054 > 0] **Since becoming a mother**, have you **ever** had contact with Child Welfare Services for any of your pregnancies or children? Sometimes this is known as 'Children's Aid

Society (CAS)', 'child protection services', 'child welfare', 'child and family services', 'family and children's services', or 'The Ministry'.

Select one.

- Yes
- No [Skip to S5-065]
- Prefer not to answer [Skip to S5-065]

S5-055b. [If S5-055a = Yes] Was the contact with Child Welfare Services before you were diagnosed with HIV, after you were diagnosed with HIV, or both before and after?

- Before I was diagnosed with HIV
- After I was diagnosed with HIV
- Both before and after I was diagnosed with HIV
- Don't know
- Prefer not to answer

S5-056. [If S5-055a = Yes] Are you currently in contact with Child Welfare Services* for any of your pregnancies or children? That is, do you currently have an open file?

Select one.

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

S5-057. [If S5-055 = Yes] What was/were the primary reason(s) for involvement with Child Welfare Services*?

Select all that apply.

- Issues related to domestic violence
- Substance use and addiction
- Housing instability
- Personal mental health concerns
- Personal physical health concerns
- Health concerns of your child
- Issues related to my HIV status
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-058. [If S5-055 = Yes] what type of support did you receive from Child Welfare Services*?.

Select all that apply.

- None [Exclusive]
- Low-barrier, harm reduction focused drug treatment program
- Mental health counselling / support services
- Peer support (e.g., peer counsellor / peer support group)
- Income support
- Housing support
- Parenting skills support
- Aboriginal-specific services
- Women-centred services
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-059. [If S5-055 = Yes] Have you ever had any children apprehended by Child Welfare Services*?

Select one.

- Yes
- No
- Prefer not to answer

S5-062. [If S5-055 = Yes] During your last interaction with Child Welfare Services*, was your case worker aware of your HIV status?

Select one.

- Yes
- No [Skip to S5-065]
- Not applicable - I was not HIV positive at the time of my last interaction with child welfare [Skip to S5-065]
- Don't know [Skip to S5-065]
- Prefer not to answer [Skip to S5-065]

S5-063. [If S5-062 = Yes] How did your case worker learn about your HIV status?

Select one.

- I disclosed to him/her
- My healthcare provider disclosed to him/her
- My partner disclosed my status to him/her
- Family or friends disclosed my status
- Other, please specify: [Other specify required]
- Don't know
- Prefer not to answer

S5-065. **[If S5-054 > 0]** Have you disclosed your HIV status to all of your children?
Select one.

- Yes - all of my children [Skip to S5-067]
- Yes - some of my children
- No - none of my children
- Don't know [Skip to S5-067]
- Prefer not to answer [Skip to S5-067]

S5-066. **[If S5-065 = No]** Why haven't you disclosed your status to your child or all of your children?
Select all that apply.

- Child is too young to understand
- I am not in contact with this child
- I do not want to worry my child/ I am concerned that my child will not cope well with my diagnosis
- I am concerned my child might tell others
- I do not want my child to feel obliged to have to care for me
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-067. **[If S5-054 > 0]** HIV-related stigma and discrimination refers to prejudice, negative attitudes, and/or abuse directed at people living with HIV. Have you experienced stigma or discrimination as a result of being a mother living with HIV?
Select one.

- Yes
- No [Skip to S5-069]
- Don't know [Skip to S5-069]
- Prefer not to answer [Skip to S5-069]

S5-068. **[If S5-067 = Yes]** From which sources have you experienced stigma?
Select all that apply.

- Friends
- Family
- Health care providers
- Other mothers
- Employers
- Other, please specify: [Other specify required]
- Prefer not to answer [Exclusive]

S5-069. **[If S5-054 > 0]** As a mother living with HIV, do you feel you have adequate social support? That is, someone or a group of people you can turn to when you need help?
Select one.

- Yes
- No
- Not applicable: children were adults when I was diagnosed
- Don't know
- Prefer not to answer

S5-070. **[If S5-054 > 0]** Who or what do you consider your **main** source(s) of social support?
Select all that apply.

- My partner
- My friends
- My family
- Health care providers
- AIDS Service Organizations
- Outreach Worker
- Social Worker
- Other, please specify: **[Other specify required]**
- I do not have a source of support
- Don't know
- Prefer not to answer

S5-071. **[If S5-054 > 0]** As a woman living with HIV, do you feel adequately supported through the unique challenges of motherhood by your health care providers?
Select one.

- Yes
- No
- Not applicable: children were adults when I was diagnosed
- Don't know
- Prefer not to answer

S5-076. Since your last CHIWOS interview, have you discussed your reproductive goals* with a healthcare provider? "Reproductive goals" refers to an individual's preferred number, spacing, and timing of his/her biological children. Please note, NOT wanting children IS considered a reproductive goal.
Select one.

- Not Applicable - unable to have children* **[Skip to S5-084]**
- Yes

- No [Skip to S5-078]
- Don't know [Skip to S5-078]
- Prefer not to answer [Skip to S5-078]

S5-077. [If S5-076 = Yes] Did this healthcare provider know your HIV status?
Select one.

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

S5-078. [If S5-076 = No, Don't know, Prefer not to answer] Do you currently have a healthcare provider with whom you feel comfortable talking to about your reproductive goals*?
Select one.

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

S5-079. [If S5-076 ≠ Not Applicable] Do you intend to become pregnant / have biological children in the future?
Select one.

- Yes
- No [Skip to S5-081]
- Don't know [Skip to S5-081]
- Prefer not to answer [Skip to S5-081]

S5-080. [If S5-079 = Yes] When in the future do you intend to become pregnant / have biological children?
Select one.

- I'd like to get pregnant / have biological children 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

S5-081. [If S5-076 ≠ Not Applicable] From where do you obtain information about contraceptive methods

available to you?

Select all that apply.

- Family Doctor
- HIV Specialist
- Gynecologist
- Family member
- Friends
- ASOs
- Internet
- Other, please specify: [Other specify required]
- Nowhere [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-082. [If S5-076 ≠ Not Applicable] Since your last visit, have you discussed your contraceptive needs* with a healthcare provider?

Select one.

- Yes
- No, even though I have contraceptive needs [Skip to S5-084]
- No, I do not have contraceptive needs [Skip to S5-084]
- Don't know [Skip to S5-084]
- Prefer not to answer [Skip to S5-084]

S5-083. [If S5-082 = Yes] Did this healthcare provider know your HIV status?

Select one.

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

S5-084. Note to PRA: If the participant was not born biologically female, please skip to S5-112a. If the participant was born biologically female, please continue.

Select one.

- Participant was born biologically female [Continue to S5-085]
- Participant was born biologically male, intersex, or undetermined [Skip to S5-112a]

S5-085. Have you ever had a hysterectomy*?

Select one.

- Question is not applicable to me

- Yes, before my first CHIWOS interview
- Yes, since my last CHIWOS interview
- No
- Don't know
- Prefer not to answer

S5-086. Have you ever had a tubal ligation*?
Select one.

- Question is not applicable to me
- Yes, before my first CHIWOS interview
- Yes, since my last CHIWOS interview
- No
- Don't know
- Prefer not to answer

S5-087. In the past 6 months, have you used an oral contraceptive, also known as 'the pill'?
Select one.

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

S5-088. In the past 6 months, have you used an injection, also known as 'Depo-provera'?
Select one.

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

S5-089. 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

S5-090. 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

S5-091. 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

S5-092. 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

S5-093. In the past 6 months, have you used an Implanon, also known as a "progestin implantable contraceptive"?

Select one.

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

S5-094. 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 S5-096]
- Don't know [Skip to S5-096]
- Prefer not to answer [Skip to S5-096]

S5-095. [If S5-094 = Yes] How many times have you taken emergency contraception during the last 6

months?

Indicate number of times:

[Positive integer required | 1 to 100]

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

S5-096. 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

S5-097. In the past 6 months, have you used male condoms?
Select one.

- Yes
- No [Skip to S5-099]
- Don't know [Skip to S5-099]
- Prefer not to answer [Skip to S5-099]

S5-098. [If S5-097 = Yes] In the past 6 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

S5-099. In the past 6 months, have you used female condoms?
Select one.

- Yes
- No [Skip to S5-101]
- Don't know [Skip to S5-101]
- Prefer not to answer [Skip to S5-101]

S5-100. **[If S5-099 = Yes]** In the past 6 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

S5-101. In the past 6 months, have you practiced abstinence with biological male partners?
Select one.

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

S5-102. In the past 6 months, have you used any other method such as vaginal creams, the sponge, and cervical caps to avoid getting pregnant?
Select one.

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

S5-103. 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 S5-105]
- Don't know [Skip to S5-105]
- Prefer not to answer [Skip to S5-105]

S4-104. **[If S5-103 = Yes]** Please specify what other methods were used:

Indicate other methods: [Other specify required]

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

S5-105. If your current primary sexual partner is a biological man, has he undergone a vasectomy to avoid having any more children?
Select one.

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

S5-106. Note to PRA

If the participant reported using any contraceptive or safer sex method, please continue.
If the participant did not report using any contraceptive or safer sex method, skip to S5-111.

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 in the responses above
Select one.

- None currently [Skip to S5-111]
- Dual contraception - Using a condom as a contraceptive method (male or female condom) PLUS an additional contraceptive method, either hormonal (like the pill or injection or IUS) OR permanent (sterilization or hysterectomy):
 - Condom + a permanent contraceptive method
 - Condom + a hormonal contraceptive method
- 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
- Tubal Ligation
- Hysterectomy

- Other, as specified above
- Don't know
- Prefer not to answer

S5-107. **[If contraceptive/safer sex method used]** 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

S5-108. **[If contraceptive/safer sex method used]** Would you prefer to use different contraceptive or safer sex method(s) other than the one(s) you are currently using?
Select one.

- Yes
- No **[Skip to S5-113]**
- Don't know **[Skip to S5-113]**
- Prefer not to answer **[Skip to S5-113]**

S5-109. **[If S5-108 = Yes]** 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
- Rhythm method/Withdrawl 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
- Tubal ligation
- Hysterectomy
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-110. [If S5-108 = Yes] What is the most important reason you do not use your preferred method?

Select one.

- Fear of interactions with ART [Skip to S5-113]
- Fear of increased risk of HIV transmission to sexual partners [Skip to S5-113]
- Still thinking about it/have not made up my mind [Skip to S5-113]
- Difficult to use [Skip to S5-113]
- Cost [Skip to S5-113]
- Not available/difficult to access/unreliable source [Skip to S5-113]
- Awaiting procedure for sterilization/IUD insertion [Skip to S5-113]
- Other, please specify: [Other specify required]
[Skip to S5-113]
- Don't know [Skip to S5-113]
- Prefer not to answer [Skip to S5-113]

S5-111. [If S5-106 = None] What are the main reasons that you have not used contraception in the past 6 months (or currently)? When complete [Skip to S5-113].

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

- I am not having any sex / I do not currently have a partner
- I cannot become pregnant (e.g., post-menopausal/previous hysterectomy)
- I am not having sex with a biological man (e.g., my sexual partner is a woman, transman, etc.)
- I am in a mutually faithful sexual relationship (e.g., married/common-law partnership)
- I am undetectable / adherent to meds and I didn't think I could transmit HIV to others
- I knew my partner and I had the same HIV status (e.g., "we are both HIV-positive")
- I don't like using contraception
- I am trying to become pregnant
- I am currently 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 because my sexual partner is infertile
- I use the withdrawal or rhythm method
- I don't use contraception for religious reasons

- My sexual partner doesn't like using contraception/did not want to use contraception
- My sexual partner refuses to use/will not let me use contraception
- I thought my partner(s) was/were at low risk of getting HIV or AIDS
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

[When complete, Skip to S5-113]

S5-112a. [If S5-001 = Male] In the past 6 months, have you used male condoms?
Select one.

- Yes
- No [Skip to S5-112c]
- Don't know [Skip to S5-112c]
- Prefer not to answer [Skip to S5-112c]

S5-112b. [If S5-112a = Yes] In the past 6 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

S5-112c. [If S5-001 = Male] In the past 6 months, have you used female condoms?
Select one.

- Yes
- No [Skip to S5-112e]
- Don't know [Skip to S5-112e]
- Prefer not to answer [Skip to S5-112e]

S5-112d. [If S5-112c = Yes] In the past 6 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

S5-112e. **[If S5-001 = Male]** 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 S5-113]**
- Don't know **[Skip to S5-113]**
- Prefer not to answer **[Skip to S5-113]**

S4-112f. **[If S5-112e = Yes]** Please specify what other methods were used:

- Indicate other methods: **[Other specify required]**
- Don't know **[Exclusive]**
 - Prefer not to answer **[Exclusive]**

S5-113. We are going to ask you some questions about the current Canadian law related to HIV status disclosure to sexual partners. There are a number of concerns about how these laws may affect women living with HIV. By asking the following questions, we hope to provide evidence to advocate for your health and rights. The information you share is strictly confidential.

In 2012, the Supreme Court of Canada made a new ruling regarding the conditions under which a person living with HIV has to disclose his or her HIV status to a sexual partner. Are you aware of this new ruling?
Select one.

- Yes **[Read below] [Continue to S5-114]**
- No **[Read below] [Skip to S5-117]**
- Don't know **[Read below] [Skip to S5-117]**
- Prefer not to answer **[Read below] [Skip to S5-117]**

Follow with brief explanation of the case law, no matter how the participant responds to S5-113.

Case Law: In Canada, people living with HIV can face criminal charges for not telling their sexual partners what their HIV status is, even if they do not intend to transmit HIV, and even if no HIV transmission actually occurs.

In 2012, the Supreme Court of Canada ruled that people living with HIV must disclose their HIV status to a sexual partner before having sex unless they use condoms AND have a viral load of 1500 copies/ml or less. People who do not meet these criteria can face a criminal

charge of aggravated sexual assault if they do not tell their sexual partners they have HIV.

To summarize, people living with HIV are legally required to disclose their HIV status to sex partners UNLESS they use a condom AND have a viral load less than 1500 copies/ml.

S5-114. **[If S5-113 = Yes]** How similar is this definition to what you thought you understood about HIV disclosure and the law in Canada?

Select one.

- The same
- Mostly the same
- Mostly different
- Completely different
- Don't know
- Prefer not to answer

S5-115. **[If S5-113 = Yes]** From which sources have you learned about HIV disclosure and the law?

Select all that apply.

- Health care providers
- AIDS service organizations
- Service providers not part of an AIDS service organization
- Friends/peers
- Newspapers/media outlets
- Canadian HIV/AIDS legal network
- PRA (Peer research associate)
- Other, please specify: **[Other specify required]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S5-116. **[If S5-113 = Yes]** Have any of the following healthcare providers talked to you about HIV disclosure and the law, including the relevance of condom use and viral load?

Select all that apply.

- HIV physician
- General practitioner/family doctor
- Nursing staff
- Counselor
- Social Worker
- Peer worker
- Case manager
- Community worker
- Other , please specify: **[Other specify required]**
- No healthcare providers have talked to me about the HIV disclosure and the law

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

S5-117. Which of the following healthcare providers would you feel comfortable talking to about concerns or questions that you may have about HIV disclosure and the law in Canada?
Select all that apply.

- Regular HIV physician
- Regular general practitioner/family doctor
- A doctor who is not your regular health provider
- Nursing staff
- Counsellor
- Social Worker
- Peer worker
- Case manager
- Community worker
- Other , please specify: [Other specify required]
- None of these healthcare providers [Exclusive]
- I have no concerns or questions about HIV disclosure and the law [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-118. Please indicate to what degree you agree or disagree with the following statement:

“HIV disclosure laws might affect the type of information that women living with HIV would be willing to share with their healthcare providers, such as information about sexual activities and HIV disclosure”

Select one.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Other, please specify: [Other specify required]
- Don't know
- Prefer not to answer

S5-119. Please indicate to what degree you agree or disagree with the following statement:

“HIV disclosure laws make women living with HIV more likely to disclose their HIV status to

new sexual partners”

Select one.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Other, please specify: [Other specify required]
- Don't know
- Prefer not to answer

S5-120. Do you know someone living with HIV who has chosen not to have sex with a new partner due to concerns about HIV disclosure and the legal risks that non-disclosure might present?

Select one.

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

S5-122. Do you think the HIV disclosure laws are are beneficial or harmful to women living with HIV?

Select one.

- Beneficial
- Harmful
- Neither beneficial nor harmful
- Other , please specify: [Other specify required]
- Don't know
- Prefer not to answer

S5-123. Please indicate to what degree you agree or disagree with the following statement:

“I am satisfied with the support services currently available in my community to help women living with HIV deal with HIV disclosure to sexual partners.”

Select one.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

- Other, please specify: [Other specify required]
- Don't know
- Prefer not to answer

S5-124. Do you know someone who has been charged or threatened with a charge of HIV non-disclosure (not disclosing their HIV status to a person they had sex with)?
Select one.

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

S5-125. In the last year, have you been tested / screened for the following sexually transmitted infections (STIs)?
Select one per line.

	Yes	No	Don't know	Prefer not to answer
a. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Stigma and Discrimination

S6-01. For each of the following items, please indicate whether you: Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, or Strongly Disagree
Note to PRAs: These questions can refer to the participant's entire life.
Select one per line.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to answer
a. 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"/>
b. 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"/>

c.	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"/>
d.	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"/>
e.	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"/>
f.	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"/>
g.	Having HIV makes me feel unclean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	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"/>
i.	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"/>
j.	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"/>

S6-02. For the following question, please say whether you Strongly Agree, Agree, Neither Agree or Disagree (neutral), Disagree, or Strongly Disagree with each of the following statements: Select one per line.

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to answer
a.	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"/>
b.	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"/>
c.	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"/>
d.	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"/>
e.	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"/>
f.	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"/>

S6-03. For the following question, please say whether you Strongly Agree, Agree, Neither Agree or Disagree (neutral), Disagree, or Strongly Disagree with the following statement:

I Think of myself as living in poverty.
Select one.

Strongly disagree

[If S1-03 = Not trans, skip to S7-01]

- Disagree [If S1-03 = Not trans, skip to S7-01]
- Neither agree nor disagree [If S1-03 = Not trans, skip to S7-01]
- Agree [If S1-03 = Not trans, skip to S7-01]
- Strongly agree [If S1-03 = Not trans, skip to S7-01]
- Prefer not to answer [If S1-03 = Not trans, skip to S7-01]

S6-04. [If S1-03 = Yes] Acts of violence and discrimination are sometimes targeted at our gender identity. The following questions ask about your personal experiences with gender discrimination. Is it okay if I guide you through these following questions? If you would like to complete this section yourself, you may. 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 S7-01]

S6-05. [If S6-04 = Complete this section] In your experience...

		Many times	Some-times	Once/ Twice	Never	Prefer not to answer
a.	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"/>
b.	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"/>
c.	Have you heard that trans people are not normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	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"/>
e.	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"/>
f.	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"/>
g.	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"/>
h.	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"/>
i.	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 7: 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.

S7-01. How often in the last year have you had a drink containing alcohol?

Select one.

- Never [Skip to S7-05]
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week
- Don't know [Skip to S7-05]
- Prefer not to answer [Skip to S7-05]

S7-02. [If S7-01 = Any alcohol] 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

S7-03. How often do you have six or more drinks on one occasion?

Select one.

- Never
- Less than monthly
- Monthly
- Weekly
- Daily, or almost daily
- Prefer not to answer

S7-05. What is your cigarette (tobacco) smoking history*?

Select one.

- I am currently a regular smoker*

- I smoke occasionally* [Skip to S7-07]
- I am a former smoker* [Skip to S7-07]
- I have never been a smoker [Skip to S7-07]
- Don't know [Skip to S7-07]
- Prefer not to answer [Skip to S7-07]

S7-06. [If S7-05 = Regular or Occasional] How many cigarettes do you normally smoke?

Indicate number of cigarettes: [Positive number | 1 to 1000]

Indicate number of packs: [Positive number | 1 to 1000]

- Per day
- Per month

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

S7-07. 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

- Don't know [Skip to S7-09]
- Prefer not to answer [Skip to S7-09]

S7-08. [If S7-07 = reported cannabis use] 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

S7-09. Now I'm going to ask you some questions about your potential use of drugs other than alcohol

and cannabis. All of this information is confidential; please answer as accurately as you can.

Since your last CHIWOS interview, have you used illicit drugs (i.e., heroin, cocaine) or licit drugs (i.e. prescription) not in the manner they were prescribed?

Select one.

- Yes
- No [If S7-01 = Any alcohol, Skip to S7-17]
[If S7-01 = No alcohol, Skip to S8-01]
- Don't know [If S7-01 = Any alcohol, Skip to S7-17]
[If S7-01 = No alcohol, Skip to S8-01]
- Prefer not to answer [If S7-01 = Any alcohol, Skip to S7-17]
[If S7-01 = No alcohol, Skip to S8-01]

S7-10. [If S7-09 = Yes] In the past 6 months, have you used any **non-injection** drugs?

Note: Reminder that this table referring to illicit drugs (i.e., heroin, cocaine) or licit drugs (i.e. prescription) used not in the manner they were prescribed

Select one.

- Yes
- No [Skip to S7-13]
- Don't know [Skip to S7-13]
- Prefer not to answer [Skip to S7-13]

S7-11. [If S7-10 = Yes]

In the past 6 months, when you were using, how often did you use the following **non-injection** drugs?
Remember, this may include illicit non-injection drugs (i.e., heroin, cocaine) or licit non-injection drugs (i.e., prescription) used not in the manner they were prescribed.
Please note, if participant reports use only once or twice, select "Less than once a week".

S7-12. [Of used in S7-11]
In the last six months, on a typical day when you used non-injection drugs, how many times did you use?

Select one per line.	Did not use	Less than once a week	At least once a week	Daily	Prefer not to answer	Indicate number of times per day for each selected drug: [positive integer required 1 to 100]	Don't know
a. Heroin (non-injected) (dust, horse, junk, down, or downtown) – snorted, smoked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
b. Cocaine (non-injected) (uptown, up) – snorted, smoked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Crack (non-injected) (rock, freebase cocaine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
d. Crystal meth (Methamphetamine, ice, jib, gak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

e.	Benzodiazopines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
f.	Dilaudid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
g.	Oxycontin/Oxycodone/ OxyNeo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
h.	Methadone (methadose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
i.	Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
j.	Talwin & Ritalin ("T's & R's")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
k.	Codeine (T3s T4s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
l.	Ecstasy equivalent (x-tasy, E, X, M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
m.	MDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
n.	Speed (amphetamines, uppers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
o.	Acid (LSD, PCP, angel dust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
p.	Mushrooms (magic mushrooms, mush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
q.	Ketamine (Special K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
r.	Sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
s.	Other, specify: [Required]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
t.	Other, specify: [Required]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

S7-13. In the past 6 months, did you **inject** any drugs?

Note: this may include illicit injection drugs (i.e., heroin, cocaine) or licit injection drugs (i.e., prescription) used not in the manner they were prescribed.

Select one.

- Yes
- No [Skip to S7-17]
- Don't know [Skip to S7-17]
- Prefer not to answer [Skip to S7-17]

S7-14. [If S7-13 = Yes]
In the past 6 months, how often did you use the following injection drugs?

S7-15. [Of used in S7-14]
In the last six months, on a typical

Remember, this may include illicit injection drugs (i.e., heroin, cocaine) or licit injection drugs (i.e., prescription) used not in the manner they were prescribed.
Please note, if participant reports use only once or twice, select "Less than once a week".

day when you used injection drugs, how many times did you use?

Select one per line.	Did not use	Less than once a week	At least once a week	Daily	Prefer not to answer	Indicate number of times per day for each selected drug: [positive integer required 1 to 100]	Don't know
a. Heroin (injected) (dust, horse, junk, down, or downtown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
b. Cocaine (injected) (uptown, up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Crack (injected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
d. Crystal meth (injected) (methamphetamine, ice, jib, gak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
e. Speedballs (Heroin + Cocaine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
f. Goofballs (Heroin + Crystal Meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
g. Dilaudid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
h. Oxycontin/Oxycodone/OxyNeo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
i. Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
j. Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
k. Talwin & Ritalin ("T's & R's")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
l. Codeine (T3s T4s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
m. Other, specify: [Required]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
n. Other, specify: [Required]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
o. Other, specify: [Required]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

S7-16. [If S7-13 = Yes] In the past 6 months, has someone else used a needle/syringe that you had already used?
Select one.

- Yes
- No

- Don't know
- Prefer not to answer

S7-17. Since your last CHIWOS interview, have you 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: [Other specify required]
- No, I have not used any substance-related services [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S7-18. Since your last CHIWOS interview, have you ever tried to access substance-related services and been unable to?

Select one.

- Yes
- No [Skip to S8-01]
- Don't know [Skip to S8-01]
- Prefer not to answer [Skip to S8-01]

S7-19. [If S7-18 = Yes] 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., Indigenous only program)
- Only had abstinence-based programmes (i.e. abstaining from smoking)
- 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: [Other specify required]
- 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: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

Section 8: Violence and Abuse

S8-01. This next section deals with violence and abuse. The questions may be 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.

Is it okay if I guide you through this next section of questions? If you would like to complete this section yourself, you are welcome to do so. How would you like to proceed?
Select one.

- I prefer to complete the violence section myself
- I prefer to complete the violence section together
- I prefer to skip the violence section [Skip to S9-01]

S8-02. [If S8-01 = Complete] Since your last CHIWOS interview, has someone physically hurt you?
Select one.

- Yes
- No [Skip to S8-06]
- Don't know / Prefer not to answer [Skip to S8-06]

S8-03. **[If S8-02 = Yes]** How many times did this happen?
Select one.

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

S8-04. **[If S8-02 = Yes]** In the last 3 months, has someone ever physically hurt you?
Select one.

- Yes
- No **[Skip to S8-06]**
- Don't know / Prefer not to answer **[Skip to S8-06]**

S8-05. **[If S8-04 = Yes]** How many times did this happen?
Select one.

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

S8-06. **[If S8-01 = Complete]** Since your last CHIWOS interview, has someone ever insulted, threatened, screamed, or cursed at you?
Select one.

- Yes
- No **[Skip to S8-10]**
- Don't know / Prefer not to answer **[Skip to S8-10]**

S8-07. **[If S8-06 = Yes]** How many times did this happen?
Select one.

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

S8-08. **[If S8-06 = Yes]** In the last 3 months, has someone insulted, threatened, screamed, or cursed at you?

Select one.

- Yes
- No [Skip to S8-10]
- Don't know / Prefer not to answer [Skip to S8-10]

S8-09. **[If S8-08 = Yes]** How many times did this happen?

Select one.

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

S8-10. **[If S8-01 = Complete]** Since your last CHIWOS interview, has someone restricted your actions by controlling where you can go and what you can do?

Select one.

- Yes
- No [Skip to S8-14]
- Don't know / Prefer not to answer [Skip to S8-14]

S8-11. **[If S8-10 = Yes]** How many times did this happen?

Select one.

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

S8-12. **[If S8-10 = Yes]** In the last three months, has someone restricted your actions by controlling where you can go and what you can do?

Select one.

- Yes
- No [Skip to S8-14]
- Don't know / Prefer not to answer [Skip to S8-14]

S8-13. **[If S8-12 = Yes]** How many times did this happen?

Select one.

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

S8-14. **[If S8-01 = Complete]** Since your last CHIWOS interview, has someone sexually forced themselves on you, or forced you to have sex?

Select one.

- Yes
- No **[Skip to S8-18]**
- Don't know / Prefer not to answer **[Skip to S8-18]**

S8-15. **[If S8-14 = Yes]** How many times did this happen?

Select one.

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

S8-16. **[If S8-15 = Yes]** In the last three months, has someone sexually forced themselves on you, or forced you to have sex?

Select one.

- Yes
- No **[Skip to S8-18]**
- Don't know / Prefer not to answer **[Skip to S8-18]**

S8-17. **[If S8-16 = Yes]** How many times did this happen?

Select one.

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

S8-18. **[If S8-02, S8-06, S8-10, or S8-14 = Yes]**
[If S8-02, S8-06, S8-10, and S8-14 = No, Skip to S9-01]

Did you ever receive 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 S9-01]
- Prefer not to answer [Skip to S9-01]

S8-19. [If S8-18 = All or Some]
Which of the following supports did you consult:

S8-20. [Of selected in S8-19]
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 line.

	Very helpful	A little bit helpful	Not at all helpful	Prefer not to answer
a. <input type="checkbox"/> Partner/spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Peers/Other HIV-positive people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Peer navigator(s)/peer counsellor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <input type="checkbox"/> Peer support group(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <input type="checkbox"/> Support group(s) for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <input type="checkbox"/> Staff at a women's centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <input type="checkbox"/> Staff at a sexual health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. <input type="checkbox"/> Staff at a rape crisis centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. <input type="checkbox"/> Staff at a community organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. <input type="checkbox"/> Legal advisor(s) / Traditional justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. <input type="checkbox"/> Religious counsellor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. <input type="checkbox"/> Doctor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. <input type="checkbox"/> Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. <input type="checkbox"/> Social Worker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. <input type="checkbox"/> Mental health counsellor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

r.	<input type="checkbox"/> Traditional healer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	<input type="checkbox"/> Elder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.	<input type="checkbox"/> Other, please specify: [Other required]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	<input type="checkbox"/> Don't know [Exclusive] [Skip to S9-01]	<input type="checkbox"/>			
v.	<input type="checkbox"/> Prefer not to answer [Exclusive] [Skip to S9-01]	<input type="checkbox"/>			

Section 9: Women's Sexual Health

S9-01. The next section includes some personal questions about your sexual activities. Please remember that your responses are confidential and anonymous.

Is it okay if I continue guiding you through the questions in this section? If you would like to complete this section by yourself, that's okay too. How 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 S10-01]

S9-02. [If S9-01 = Complete] Have you had consensual sex in the past 6 months? 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. This also includes regular partners, casual partners, or paying sex partners / clients.

Select one.

- Yes [Skip to S9-08]
- No
- Prefer not to answer [Skip to S9-17a]

S9-03. [If S9-02 = No] Has your abstinence or avoidance of sex (including oral, vaginal and/or anal sex with people of any gender) been intentional? (i.e., as in, you are actively deciding not to have sex right now)

Select one.

- Yes

- No [skip to S9-05]
- Don't know [skip to S9-05]
- Prefer not to answer [skip to S9-05]

S9-04. [If S9-03 = Yes] Is intentionally abstaining from sex (including oral, vaginal and/or anal sex with people of any gender) a decision you made yourself?
Select one.

- Yes, completely or mostly
- Somewhat – decision made with my partner(s)
- No, the decision was largely influenced by someone else. Please specify who:
[Other specify required]
- Don't know
- Prefer not to answer

S9-05. [If S9-02 = No] What are your reasons for abstaining from sex?
Select all that apply.

- I have a reduced or absent sex drive (i.e., no/low sexual desire)
- I have reduced or absent sexual arousal (i.e., no/low physical response)
- My partner has a reduced or absent sex drive (i.e., no/low sexual desire)
- My partner has reduced or absent sexual arousal (i.e., no/low physical response)
- I am worried about transmitting HIV to an HIV-negative or status unknown sexual partner
- I am worried about disclosing my HIV status to a sexual partner
- I am worried about contracting other sexually transmitted infections
- I am worried about issues of HIV-related criminalization
- Don't need sex/Satisfied without sex
- No sexual partner
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S9-06. [If S9-02 = No] For how many consecutive months have you abstained from sex?
Select one.

- 6-12 months
- 13-24 months
- 25 or more months
- Don't know
- Prefer not to answer

S9-07. [If S9-02 = No] What is the most important thing that would need to change for you to become sexually active?

Select one.

- A sexual partner [Skip to S9-17a]
- An HIV-positive sexual partner [Skip to S9-17a]
- Feeling more healthy [Skip to S9-17a]
- Higher sex drive [Skip to S9-17a]
- Partner needs a higher sex drive [Skip to S9-17a]
- Nothing [Skip to S9-17a]
- Other, please specify: [Other specify required] [Skip to S9-17a]
- Don't know [Skip to S9-17a]
- Prefer not to answer [Skip to S9-17a]

S9-08. [If S9-02 = Yes] How many consensual sexual partner(s)* have you had in the past six months?
Please note, this question refers to all sex partners that have existed in the past six months, even if the relationship has since ended.

Indicate number of partners: [Positive integer required | 1 to 200]

- None [Exclusive] [Skip to S9-15]
- Don't know [Exclusive] [Skip to S9-15]
- Prefer not to answer [Exclusive] [Skip to S9-15]

	Sexual Partners (most recent to least recent)				
	1	2	3	4	5
S9-09. [If S9-08 >0] I'd like to ask you some questions about your current or most recent sex partner(s) that you've had in the last 6 months.					
What gender does this sexual partner* currently identify with? Select all that apply.					
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 [Required]	_____	_____	_____	_____	_____
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"/>
S9-10. [If S9-08 >0] What was this sex partner's HIV status at your last sexual encounter? Select one.					

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"/>
S9-11. [If S9-08 >0] What is your relationship to your sexual partner? Select one.					
Regular sexual partner*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual sexual partner*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying sex partner or client*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: [Required]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
S9-12. [If S9-08 >0] How long have/had you been in this sexual relationship? Indicate number [1 to 200] :					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
Days	<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"/>
S9-13. [If S9-08 >0] In the last 6 months, what sexual behaviours did you engage in with this sexual partner? Select all that apply.					
Oral sex (given or received)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal sex	<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"/>
S9-14. [If S9-08 >0] Thinking of this partner, how much do you agree or disagree with the following statement: I feel comfortable telling my partner that I want to practice safer sex.					
Strongly Agree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neither agree or disagree (neutral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	<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"/>

S9-15. [If S9-02 = Yes] The following questions ask about your relationship with your current (or most recent) sexual 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
a.	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"/>
b.	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"/>
c.	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"/>
d.	My partner won't let me wear certain things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	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"/>
f.	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"/>
g.	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"/>
h.	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.	I feel trapped or stuck in our relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	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"/>
k.	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"/>
l.	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"/>
m.	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"/>
n.	My partner always wants to know where I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	My partner might be having sex with someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S9-16. **[If S9-02 = Yes]** In the last 6 months what strategies have you and your partner(s) used to reduce the risk of sexual transmission of HIV?

Select all that apply.

- None [Exclusive]
- Sex with HIV-positive partners only (sero-sorting)
- Condom use
- PreP (pre-exposure prophylaxis)*
- PeP (post-exposure prophylaxis)*
- Non-penetrative sex (i.e., avoiding vaginal and anal sex)
- Adhering to ART to suppress my viral load*
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S9-17a. **[If S9-01 = Complete]** These next questions are specific to sex partners from whom you have received money, drugs, shelter, goods, or services in exchange for sex. Remember that the information you are providing us is 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: **[Other specify required]**
- No, I have never been provided with anything in exchange for sex
[Exclusive] [Skip to S9-20]
- Don't know **[Exclusive] [Skip to S9-20]**
- Prefer not to answer **[Exclusive] [Skip to S9-20]**

S9-17b. **[If S9-01 = Complete]** 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: **[Other specify required]**
- No, I have not been provided with anything in exchange for sex in the past 6 months
[Exclusive] [Skip to S9-20]
- Don't know **[Exclusive] [Skip to S9-20]**
- Prefer not to answer **[Exclusive] [Skip to S9-20]**

S9-18. **[S9-17b = Received anything]** Thinking back over the last 6 months, how many clients / johns have you seen on average a week? This includes exchanging sex for money, drugs, shelter food, gifts, clothes or anything else.

Indicate average number of clients per week: **[Positive integer required | 1 to 1000]**

- <1 per week [Exclusive]
- I do not have clients [Exclusive]

- Don't remember [Exclusive]
- Prefer not to answer [Exclusive]

S9-19. [S9-17b = Received anything] In the last six months, where do you take your dates most of the time?

Select all that apply.

- Saunas
- Hourly rented rooms
- My own place
- Hotel room of friend
- John's/client's place
- Crack house
- Car
- Park
- Street/alley
- Other, please specify: [Other specify required]
- Prefer not to answer [Exclusive]
- I do not have clients [Exclusive]

S9-20. [If S9-01 = Complete] During the past month, have you felt pleasure from any forms of sexual experience (including self-pleasure or masturbation)?

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

S9-21. [If S9-01 = Complete] 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

S9-22. **[If S9-01 = Complete]** 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

[If S9-01 = Complete] For the following statements, please indicate whether you Strongly Agree, Agree, Neither agree or disagree (neutral), Disagree, or Strongly disagree

I feel content with the way my present sex life is (including self-pleasure or masturbation).
Select one.

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

S9-24. **[If S9-01 = Complete]** I often feel something is missing from my present sex life.
Select one.

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

S9-25. **[If S9-01 = Complete]** I often feel I don't have enough emotional closeness in my sex life.
Select one.

- Strongly Agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

- Prefer not to answer

S9-26. **[If S9-01 = Complete]** I feel content with how often I have sexual intimacy (kissing, intercourse, etc.) in my life.
Select one.

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

S9-27. **[If S9-01 = Complete]** I don't have any important problems or concerns about sex (arousal, orgasm, frequency, compatibility, communication, etc.).
Select one.

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

S9-28. **[If S9-01 = Complete]** Overall, how satisfactory or unsatisfactory is your present sex life?
Select one.

- Completely satisfactory
- Very satisfactory
- Reasonably satisfactory
- Not very satisfactory
- Not at all satisfactory
- Prefer not to answer

S9-29. **[If S9-01 = Complete]** In your sexual life, how much do you worry about transmitting HIV to an uninfected or unknown status partner?
Select one.

- I worry a lot
- I worry a little
- I don't really worry
- Not worried at all
- Not applicable: My primary sexual partner is also HIV-positive

- Don't know
- Prefer not to answer

S9-30. **[If S9-01 = Complete]** In your sexual life, how much do you worry about transmitting your strain of HIV to an HIV-positive partner (i.e. superinfection)?
Select one.

- I worry a lot
- I worry a little
- I don't really worry
- Not worried at all
- Not applicable: My primary sexual partner is not HIV-positive
- Don't know
- Prefer not to answer

Section 10: Resilience

S10-01. 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. Please select the option which best indicates your feelings about that statement.
Select one per line.

		Strongly Agree	Moderately Agree	Slightly Agree	Neither agree nor disagree	Slightly Disagree	Moderately Disagree	Strongly Disagree	Prefer not to answer
a.	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"/>
b.	I feel proud that I have accomplished things in 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"/>
c.	I usually take things in 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"/>
d.	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"/>
e.	I feel that I can handle many things at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	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"/>
g.	I can get through difficult times because I've experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	difficulty before								
h.	I have self-discipline	<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.	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"/>
j.	I can usually find something to laugh about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	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"/>
l.	In an emergency, I'm someone people can generally rely on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	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"/>
n.	When I'm 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"/>

S10-02. Thank you for taking the time to complete the survey. If you have any final comments, please indicate them below.

S10-03 Note to Interviewer: We have applied for funding to keep the CHIWOS study going. Please ask the participant whether they agree to be contacted about participating in future follow-up surveys. Record their response in their personal file in the Participant Database.