



**CHIWOS Wave 3 Questionnaire**  
**Version May 15 2017**

<b>Prior to interview:</b>	
Please confirm participant's date of birth as reported in the participant database.	
<b>CHIWOS ID:</b>	_____
<b>Date of Last Interview:</b>	<u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>

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## Section 1: Demographics and Social Determinants of Health

This section includes questions on gender, sexual orientation, income, education, housing, and other social factors that may influence overall health and well-being. Let's begin.

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\* [Eligible for CHIWOS]
- 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, ask S1-01a. Otherwise, skip to S1-02 and set to 9996.]

S1-01a. CHIWOS values gender diversity and a participant's right to define their gender differently over time. CHIWOS recognizes the need for research that is specific to participants who do not define their gender as cis or trans women, including trans men. However, the CHIWOS study predominantly focuses on women living with HIV, including trans women living with HIV. Therefore, some of the questions may not feel relevant to you but, if you are comfortable, we can work through the questions together to identify the most appropriate responses. Do you feel comfortable continuing the survey?

Select one.

- Yes [Continue survey]
- No [End survey] → "Thank you for your participation. We value your contributions."

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

Select one.

- Man
- Woman
- Sometimes man/male, sometimes woman/female
- 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

**Interviewer/programmer instructions:**

**If S1-03=Yes, participant eligible for trans gender questions.**

**Trans gender questions in survey include:**

**S3-02a to S3-02b**

**S3-17a to S3-17j**

**S6-05**

**If S1-03= No or Don't know or Prefer not to answer, skip these questions and set to 9996.**

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\*
- Pansexual\*
- 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]
- Don't know
- Prefer not to answer

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

Select one.

- Canadian citizen
- Landed Immigrant/Permanent Resident
- Refugee/Protected Person\*
- Refugee claimant/Person in need of protection\*
- Here with Temporary Work Papers\*
- Here with Humanitarian and Compassionate approval
- Here as a visitor
- Here on a Student Visa
- Undocumented/Non-Status/Immigrant\*
- Other, please specify: [Other Specify Required]
- Don't know
- Prefer not to answer

S1-06a. Which of the following options, if any, do you feel best describes your religious affiliation.

Please answer even if you are not a practicing member of that group.

Select all that apply.

- Anglican
- Catholic
- Pentecostal
- Presbyterian
- United Church
- Traditional spirituality (including Indigenous spirituality)
- Baptist
- Lutheran

- Jehovah's Witness
- Judaism
- Islam
- Buddhism
- Hinduism
- Sikhism
- Agnostic (nothing can be known about the existence of God)
- Atheist (do not believe in the existence of God)
- Seventh Day Adventist
- No religion
- Other, please specify: \_\_\_\_\_ [Other specify required]
- Don't know
- Prefer not to answer

S1-06b. In the last year, how would you describe the role of religion on your health?  
Select all that apply.

- One that supports my health (going to the doctors, taking my medication)
- One that supports my overall well-being
- One that supports my social support systems (friends, family, community)
- One that supports my coping abilities
- One that worsens my experience of gender based stigma and discrimination
- One that worsens my experience of HIV related stigma and discrimination
- One that worsens barriers to health (going to the doctors, taking my medication)
- Other, please specify \_\_\_\_\_ [Other specify required]
- Not applicable – Religion and spirituality do not play a role in my life
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-06c. In the last year, how would you describe the role of spirituality on your health?  
Select all that apply.

- One that supports my health (going to the doctors, taking my medication)
- One that supports my overall well-being
- One that supports my social support systems (friends, family, community)
- One that supports my coping abilities
- One that worsens my experience of gender based stigma and discrimination
- One that worsens my experience of HIV related stigma and discrimination
- One that worsens barriers to health (going to the doctors, taking my medication)
- Other, please specify \_\_\_\_\_ [Other specify required]
- Not applicable – Religion and spirituality do not play a role in my life
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-07. Do you identify as:

Select one.

- First Nations (Status)\* [Skip to S1-10a, and fill with 9996]
- First Nations (Non-status)\* [Skip to S1-10a, and fill with 9996]
- Métis [Skip to S1-10a, and fill with 9996]
- Inuit [Skip to S1-10a, and fill with 9996]
  
- None of the above - I am not an Aboriginal person living in Canada [Skip to S1-13, and fill with 9996]
- Don't know [Skip to S1-13, and fill with 9996]
- Prefer not to answer [Skip to S1-13, and fill with 9996]

**Interviewer/programmer instructions:**

**If S1-07= First Nations Status, participant is eligible for First Nations (Status) questions, which include: S1-08 and S1-09**

**If S1-07= First Nations (Status) or First Nations (Non-status) or Métis or Inuit, participant is eligible for Aboriginal questions, which include:  
S1-10a to S1-10h  
S3-18a to S3-18e**

**If S1-07 = None of the above or Don't know or Prefer not to answer, skip these questions and set to 9996.**

S1-08. [If S1-07 = First Nations Status] 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 S1-10a, and fill with 9995]
- Don't know [Skip to S1-10a, and fill with 9995]
- Prefer not to answer [Skip to S1-10a, and fill with 9995]

S1-09. [If S1-08 = 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]

S1-10a. [If S1-07 = First Nations Status or First Nations Non-Status or Métis or Inuit] Many people move\* to and from Aboriginal communities (i.e., First Nations Reserve or Métis and Inuit community). Which of the following statements applies best to your situation? Since my last CHIWOS interview...

Select one.

- I have moved both inside and outside of an Aboriginal community
- I have moved away from an Aboriginal community [Complete S1-10b to S1-10e and then skip to S1-13, and fill S1-10f to S1-10h with 9995]
- I have moved into an Aboriginal community [Skip to S1-10f, and fill with 9995]
- I have only lived inside an Aboriginal community [Skip to S1-13, and fill with 9995]
- I have only lived outside an Aboriginal community [Skip to S1-13, and fill with 9995]
- Don't know [Skip to S1-13, and fill with 9995]
- Prefer not to answer [Skip to S1-13, and fill with 9995]

S1-10b. [If S1-07 = First Nations Status or First Nations Non-Status or Métis or Inuit AND S1-10a = movement inside and outside of Aboriginal community OR movement away from Aboriginal community] What were the reasons you **moved away** from the Aboriginal community?

Select all that apply.

- Family
- Employment /Job opportunities
- 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 S1-10c, if not selected fill S1-10c with 9994]
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-10c. [If S1-10b = HIV diagnosis] Which of the following factors related to your HIV diagnosis influenced your move away from the Aboriginal community?  
Select all that apply.

- HIV advocacy/volunteering/work
- To connect with other people living with HIV
- 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 and safety concerns
- 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]



S1-10d. [If S1-07 = First Nations Status or First Nations Non-Status or Métis or Inuit AND S1-10a = movement inside and outside of Aboriginal community OR movement away from Aboriginal community] Has moving away from the Aboriginal community led you to interrupt your HIV antiretroviral therapy (ARV) medications\*?  
Select one.

- Yes
- No [Skip to S1-10f, and fill with 9994]
- Not applicable – Not on HIV treatment [Skip to S1-10f, and fill with 9994]
- Don't know [Skip to S1-10f, and fill with 9994]
- Prefer not to answer [Skip to S1-10f, and fill with 9994]

S1-10e. [If S1-10d = Yes] Approximately how long did the ARV treatment interruption last, before you were able to restart your HIV medication?

- Indicate length of time: [Positive number required | 1 to 3000]
- Year(s)
- Month(s)
- Week(s)
- Day(s)
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-10f. [If S1-07 = First Nations Status or First Nations Non-Status or Métis or Inuit AND S1-10a = movement inside and outside of Aboriginal community OR movement into Aboriginal community] What were the reasons you **moved into** the Aboriginal community?  
Select all that apply.

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

S1-10g. [If S1-07 = First Nations Status or First Nations Non-Status or Métis or Inuit AND S1-10a = movement inside and outside of Aboriginal community OR movement into Aboriginal community] Has moving into the Aboriginal community led you to interrupt your HIV antiretroviral therapy (ARV) medications?  
Select one.

- Yes
- No [Skip to S1-13, and fill with 9994]
- Not applicable – Not on HIV treatment [Skip to S1-13, and fill with 9994]
- Don't know [Skip to S1-13, and fill with 9994]
- Prefer not to answer [Skip to S1-13, and fill with 9994]

S1-10h. [If S1-10g= Yes] Approximately how long did the ARV treatment interruption last, before you were able to restart your HIV medication?

- Indicate length of time:: [Positive number required | 1 to 3000]
- Year(s)
- Month(s)
- Week(s)
- Day(s)
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-13. 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

S1-14. 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 [Exclusive]

S1-15. 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
- Don't know
- Prefer not to answer

S1-16. Do you make money from any of the following sources:  
Select all that apply:

- Pension (including federal CPPD, Private LTD, or other sources)
- 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
- Other, please specify: [Other specify required]
- None of the above [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-17. 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

S1-18. 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

S1-19. 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]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-20. How many children under the age of 18 are currently under your care?

Please include all children under your care, whether they are related to you or otherwise. This includes children that live with you and those who may not live with you but you financially support.

- Indicate number of children: [Positive integer required | 1 to 50]
- Zero [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-21. What type of place are you currently living in?  
Select one.

- Apartment / Condo / House
- Hotel room / SRO (single room occupancy) Hotel
- Shelter – homeless shelter
- Shelter – violence against women (VAW) emergency shelter
- Recovery house / Transition House / Halfway House / Safe House
- Homeless\* - Living outdoors, street, parks, car, parkades [Skip to S1-23, and fill with 9996]
- Couch surfing\*
- Other, please specify: [Other specify required]
- Don't know
- Prefer not to answer

S1-22. 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

S1-23. What is the postal code for the place where you are currently living or regularly sleep?  
Select one.

- Postal Code: \_ \_ \_ \_ \_
- Don't know
- Prefer not to answer

S1-24. How safe do you feel in the place where you are currently living or regularly sleep?  
Select one.

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

S1-25 Do you have any of the following problems in the place where you are currently living or regularly sleep? Please include only problems that are signs of neglect and which negatively affect your well-being.  
Select all that apply.

- Pests and infestations such as cockroaches, bedbugs, mice, rats
- Too hot, too cold, or draughts
- Poor air quality (i.e., toxic odours)
- Mold or mildew
- Disrepair in the unit (i.e problems with plumbing, appliances, electrical, etc.)
- Disrepair or poor maintenance outside the building (i.e., broken or unsafe doors, windows, balconies)
- Disrepair or poor maintenance inside the building (i.e., broken elevators, broken front door locks, unsanitary garbage area or laundry room)
- Excessive noise making it hard to sleep
- Drugs/drug-dealing inside or around the building
- Violence, harassment, or intimidation from neighbours
- Violence, harassment, or intimidation from police or security personnel
- Other, please specify: [Other specify required]
- None [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S1-26. Since your last CHIWOS interview, have you been evicted, or been told to leave by your landlord or by the person whose place you were staying in?  
Select one.

- Yes
- No
- Not applicable (i.e., Been homeless since last interview)
- Prefer not to answer

S1-27. 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
- Not applicable – Do not have monthly housing costs (homeless, shelter, couch surfing)
- Don't know
- Prefer not to answer

S1-28. 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 S2-01, and fill with 9996]
- Don't know [Skip to S2-01, and fill with 9996]
- Prefer not to answer [Skip to S2-01, and fill with 9996]

S1-29. [If S1-28 = 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]

S1-30. [If S1-28 = Yes] Since your last CHIWOS interview, for how long were you incarcerated (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]

S1-31. [If S1-28 = Yes] Has being incarcerated led you to interrupt your HIV antiretroviral therapy (ARV) medications\*?  
Select one.

- Yes
- No [Skip to S1-34, and fill with 9995]
- Not applicable - Not on HIV treatment at time of incarceration [Skip to S1-34, and fill with 9995]
- Don't know [Skip to S1-34, and fill with 9995]
- Prefer not to answer [Skip to S1-34, and fill with 9995]

S1-32. [If S1-31 = Yes] Why was your use of ARVs 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
- When I was released I did not have an HIV doctor or clinic
- When I was released there was too much going on to get on ARVs right away
- Other (please specify): [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]



S1-33. [If S1-31 = Yes] Approximately how long, in total, did the ARV treatment interruption last, before you were able to restart your HIV medication?

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

S1-34. [If S1-28 = 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]
- No, because no one knew my HIV status [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

## Section 2: Medical and HIV Disease Information

This section covers medical information as it pertains to your general health and well-being such as other conditions you may be living with, as well as HIV-related health and well-being such as your potential use of HIV antiretroviral therapy medications (i.e., ARVs\*) and your viral load and CD4 count.

S2-01. 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 menstruation. What is your current height?

- Indicate height and appropriate measure: [Positive number with decimal | 0 to 250]
- Feet / Inches
- Centimeters
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-02. 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]

S2-03. Are you currently taking HIV antiretroviral therapy medications (i.e. ARVs\*) for your own health?  
Select one.

- Yes
- No [Skip to S2-06a, and fill with 9996]
- Don't know [Exclusive] [Skip to S2-06a, and fill with 9996]
- Prefer not to answer [Exclusive] [Skip to S2-06a, and fill with 9996]

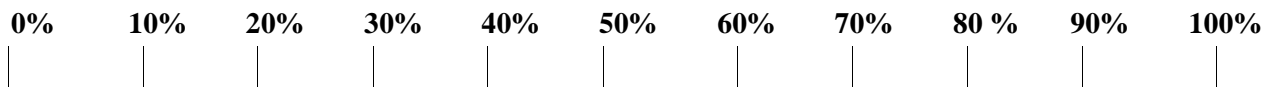
S2-04. [If S2-03 = Yes] Which ARVs\* are you currently taking?  
A card containing pictures of each of these ARVs will be available.  
Select all that apply.

- 3TC (lamivudine)
- Agenerase (amprenavir)
- Aptivus (tipranavir)
- Atripla (tenofovir + FTC + efavirenz)
- Celsentri (maraviroc)
- Combivir (AZT + 3TC)

- Complera (tenofovir + FTC + rilpivirine)
- Crixivan (indinavir)
- Descovy (emtricitabine + tenofovir alafenamide)
- Edurant (rilpivirine, TMC-125)
- Evotaz (atazanavir + cobicistat)
- Fortovase (saquinavir)
- FTC (emtricitabine)
- Fuzeon (enfuvirtide, T-20)
- Genvoya (elvitegravir + tenofovir alafenamide + emtricitabine + cobicistat)
- Intelence (etravirine)
- Invirase (saquinavir)
- Isentress (raltegravir)
- Kaletra (lopinavir + ritonavir)
- Kivexa (abacavir+ 3TC)
- Norvir (ritonavir)
- Odefsey - rilpivirine + emtricitabine + tenofovir alafenamide
- Prezista (darunavir)
- Prezcobix (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)
- Tybost - cobicistat
- Videx (ddI, didanosine)
- Viracept (nelfinavir)
- Viramune (nevirapine)
- Viread (tenofovir)
- Vitekta (elvitegravir)
- Zerit (d4T, stavudine)
- Ziagen (abacavir)
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-05a. **[If S2-03 = Yes]** 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.



**[If S2-05a= 95% or less, eligible for S2-05b.  
If 96% adherent or more, skip to S2-06a, and fill with 9995.]**

S2-05b. **[If S2-05a= 95% or less adherent]** What are the main reasons why you didn't take 100% of your medications in the last month?  
Select all that apply.

- Side effects **[Eligible for S2-05c. If not selected, skip to S2-06a, and fill with 9994]**
- Too many pills to take – (would need a simplification of regimen – e.g. one-pill a day)
- ARV drug resistance
- Drug fatigue\*
- Kept forgetting
- Stress
- Drug interactions (e.g., drug interactions between ARVs and other medications)
- Incarcerated
- Life challenges (e.g., addiction, unstable housing)
- Disclosure issues
- Depression
- Moved (e.g. on or off a reserve)
- Trouble paying for ARVs
- Trouble picking up ARVs
- Other, please specify: **[Other specify required]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S2-05c. **[If S2-05b=Side Effects]** What ARV side effects do you experience, whether diagnosed by a healthcare provider or not?

Select all that apply.

- Body weight, body shape changes (e.g Lipodystrophy, lipoatrophy, lipohypertrophy)
- Diarrhea, gas and bloating
- Emotional and mental problems (foggy thinking, memory loss, nightmares)
- Fatigue (not made better by resting)
- Stomach aches or pain
- Headaches
- Menstrual changes (unexpected changes in the cycle)
- Mouth and throat problems (tingling, inflammation, blisters)
- Muscles aches and pain
- Nausea, vomiting, appetite loss
- Nerve pain and numbness
- Rash, skin, hair, nail problems
- Sexual difficulties (libido or sex drive, sexual functioning)
- Sleep problems (falling asleep, staying asleep)
- Other (please specify)\_\_\_\_\_

S2-06a. Since your last CHIWOS interview, were there any changes in your HIV antiretroviral therapy medications (i.e. ARVs\*)?

Select all that apply.

- Yes, I started taking ARVs **[Exclusive]** **[Answer S2-06b, then skip to S2-07a, and fill with 9996]**
- Yes, change in type of ARVs **[Skip to S2-06c, and fill with 9996]**
- Yes, change in dosage of ARVs **[Skip to S2-06c, and fill with 9996]**
- Yes, I stopped taking ARVs **[Skip to S2-06c, and fill with 9996]**
- Yes, I stopped and re-started **[Skip to S2-06c, and fill with 9996]**
- No, no changes **[Exclusive]** **[Skip to S2-07a, and fill with 9996]**
- Not applicable – I was not on ARVs at my last CHIWOS interview and I'm not on ARVs now **[Exclusive]** **[Skip to S2-07a, and fill with 9996]**
  
- Don't know **[Exclusive]** **[Skip to S2-07a,, and fill with 9996]**
- Prefer not to answer **[Exclusive]** **[Skip to S2-07a,, and fill with 9996]**

S2-06b. **[If S2-04a = Yes, started taking ARVs]** What is (are) the reason(s) you started taking ARVs?  
Select all that apply.

- Health reasons (e.g. low CD4 count), so needed to start ARVs
- Health was getting worse
- Was ready to start ARVs
- Pregnancy
- Was part of a research study
- Became eligible for ARVs, given new treatment guidelines
- Doctor or other healthcare provider recommended I start ARVs
- Partner recommended/encouraged me to start ARVs
- Moved (e.g. on or off a reserve)
- Other, please specify: **[Other specify required]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S2-06c. **[If S2-04a = Yes- change in type, change in dosage, stopped]** What is (are) the reason(s) for the change in your ARVs?  
Select all that apply.

- Side Effects **[Eligible for S2-06d. If not selected, skip to S2-07a, and fill with 9995]**
- Health reasons (e.g. low CD4 count), so needed to start ARVs
- Too many pills to take – (needed a simplification of regimen – e.g. one-pill a day)
- ARV drug resistance
- Drug fatigue\*
- Pregnancy
- Kept forgetting
- Stress
- Was part of a research study
- Drug interactions (e.g., drug interactions between ARVs and other medications)
- Life challenges (e.g., addiction, unstable housing)
- Disclosure issues
- Incarcerated
- Moved (e.g. on or off a reserve)
- Trouble paying for ARVs
- Trouble picking up ARVs
- Other, please specify: **[Other specify required]**

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

S2-06d. [If S2-04b Side Effects Selected] What ARV side effects did you experience, whether diagnosed by a health provider or not?  
Select all that apply.

- Body weight, body shape changes (e.g Lipodystrophy, lipoatrophy, lipohypertrophy)
- Diarrhea, gas and bloating
- Nausea, vomiting, appetite loss
- Stomach aches or pain
- Sleep problems (falling asleep, staying asleep)
- Emotional and mental problems (foggy thinking, memory loss, nightmares, depression)
- Fatigue (not made better by resting)
- Headaches
- Menstrual changes (unexpected changes in the cycle)
- Mouth and throat problems (tingling, inflammation, blisters)
- Muscles aches and pain
- Nerve pain and numbness
- Rash, skin, hair, nail problems
- Sexual difficulties (libido or sex drive, sexual functioning)
- Other (please specify) \_\_\_\_\_ [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

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

- Indicate Month: [Show drop-down list of month: 01-January; etc.]
- Indicate Year: [Show drop-down list of year: 2016; etc.]
- Never received a CD4 count [Exclusive] [Skip to S2-08a, and fill with 9996]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-07b. What is your most recent CD4\* count?

- Indicate count (cells/mm<sup>3</sup>): [Positive number required | 1 to 3000] [Skip to S2-07d, and fill with 9995]
- Don't know / prefer to estimate [Exclusive]
- Prefer not to answer [Exclusive] [Skip to S2-08a, and fill with 9995]

S2-07c. [If S2-07b = Don't know / prefer to estimate] Are you able to estimate your most recent CD4\* count?  
Select one.

- <200 cells/mm<sup>3</sup>
- 200-500 cells/mm<sup>3</sup>
- >500 cells/mm<sup>3</sup>
- Don't know / unable to estimate [Exclusive]
- Prefer not to answer [Exclusive]

S2-07d. In the past year, how many CD4\* tests have you had?

- Indicate number of tests: [Zero OR positive number required]
- Don't know / unable to estimate [Exclusive]
- Prefer not to answer [Exclusive]

S2-08a. When did you receive your most recent HIV viral load\* result?  
Indicate month and year if possible, otherwise year only.

- Indicate Month: [Show drop-down list of month: 01-January; etc.]
- Indicate Year: [Positive integer required] [Optional text]
- Never received viral load results [Exclusive] [Skip to S2-09, and fill with 9996]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-08b. What was your most recent viral load\*, undetectable or detectable?  
Select one.

- Undetectable (i.e. below 50 copies/mL) [Skip to S2-08d, and fill with 9995]
- Detectable (i.e. over 50 copies/mL)
- Don't know [Skip to S2-08d, and fill with 9995]
- Prefer not to answer [Skip to S2-08d, and fill with 9995]

S2-08c. [If S2-08b = Detectable] Are you able to estimate your most recent viral load\* result?



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

S2-08d. In the past year, how many viral load\* tests have you had?

- Indicate number of tests: [Zero OR positive integer required]
- Unable to estimate [Exclusive]
- Prefer not to answer [Exclusive]

S2-09. Please answer True or False to the following questions. It is okay to say that you don't know. This is not a test.

		True	False	Don't Know
a.	A CD4 cell count provides information regarding the strength of your immune system.			
b.	A viral load test provides information regarding the amount of HIV in your blood.			
c.	A high viral load is a sign that someone is adhering well to antiretroviral medication (ARVs).			
d.	HIV antiretroviral (ARV) medications help the body's immune system get stronger (CD4 increase).			
e.	Missing a few doses of HIV pills can increase the amount of HIV in the body.			
f.	The only way a person can confirm that they are infected with HIV is through a blood test.			
g.	Once the HIV viral load results are 'undetectable', HIV medications should be stopped.			

S2-10. Since your last CHIWOS interview, have you discussed with a healthcare provider the importance of adhering to your ARVs\*?

Select one.

- Yes
- No
- Not applicable – I am not taking ARVs
- Don't know
- Prefer not to answer

S2-11. 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

S2-12. 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

S2-13. Have you ever been diagnosed with hepatitis C (Hep C)?

Select one.

- Yes
- No [Skip to S2-15a, and fill with 9996]
- Don't know [Skip to S2-15a, and fill with 9996]
- Prefer not to answer [Skip to S2-15a, and fill with 9996]

S2-14a. [If S2-13 = 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) Zepatier (elbasvir/grazoprevir) or other medications through a clinical trial for HCV treatment.

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

S2-14b [If S2-13 = Yes] Has your Hepatitis C cleared?

Select one

- Yes - spontaneously
- Yes - through interferon treatment

- Yes - through non-interferon treatment
- Yes - through treatment but unsure which one
- No- my Hepatitis C has not cleared
- Don't know
- Prefer not to answer

S2-15a. Have you ever been diagnosed with any of the following health concerns?  
Please read through each health concern and select all that apply.

- Arthritis
- Asthma
- Cancer (any type) [Eligible for S2-15b. If not selected, skip to S2-16a to S2-16d, and fill with 9996]
- Cardiac arrhythmia (e.g. atrial fibrillation)
- Chronic pains for causes other than arthritis requiring long term medication\*
- Cognitive impairment
- COPD\*
- Coronary Artery Disease\*
- Diabetes
- Deep Vein Thrombosis / Pulmonary Embolism\*
- Depression
- Fibromyalgia
- Gall stones
- Heart Failure
- HIV/AIDS Wasting Syndrome
- High cholesterol
- High blood pressure/ hypertension
- Inflammatory Bowel Disease\*
- Kidney problem/ Renal problem\*
- Liver disease or cirrhosis
- Neuropathy
- Osteoarthritis
- Osteoporosis / osteopenia / decreased bone density
- Peripheral vascular disease
- Stroke
- Thyroid problem
- Others\*, please specify [Other specify required]
- Others\*, please specify [Other specify required]
- None [Exclusive] [Skip to S2-17, and fill with 9996]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S2-15b. **[If S2-15a = Cancer (any type)]** Which of the following cancers have you been diagnosed with?  
Select all that apply.

- Oral or pharynx
- Thyroid
- Brain
- 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
- Penile (if trans women)
- Prostate (if trans women)
- Other, please specify: **[Other specify required]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

S2-16. You said you had the following health concerns:

**[Note to programmer: Insert responses from S2-15a.  
For example: Cancer, Hypertension, Diabetes, Depression, etc.]**

For each health concern, I'd like to ask you some questions about any healthcare you may be receiving.

**[START of loop, for each health concern]**

S2-16a. Which healthcare provider primarily provides care for this health concern?  
Select one.

- My HIV care provider (i.e. family doctor or specialist)

[Answer S2-16b. Skip S2-16c, Answer S2-16d]

- My family doctor
- A specialist: (drop down list)
- N/A-I no longer need follow up care, this is not a current health concern (e.g. past asthma)

[Skip to next health concern. If no additional health concerns, skip to S2-17, and fill with 9996]

- N/A-I am not currently receiving care

[Skip to next health concern. If no additional health concerns, skip to S2-17, and fill with 9996]

S2-16b. Where do you access this care?

Select One.

- My HIV clinic
- My family doctor's clinic
- Specialized clinic

S2-16c. Is this healthcare provider aware of your HIV status?

Select One.

- Yes, I disclosed
- Yes, through medical referral, with my permission
- Yes, through medical referral, without my permission
- Not sure if the provider is aware of my HIV status [skip to S2-17, and fill with 9995]
- No, not aware of my HIV status [skip to S2-17, and fill with 9995]

S2-16d. Have you experienced stigma or discrimination during this care because of your HIV status?

Select One.

- Yes
- No
- Prefer not to answer

[END of loop, for each health concern]

S2.17. Not including your HIV medication (ARVs), how many other prescription medications\* are you currently taking on a regular basis\*?

- Indicate approximate number: [Zero OR positive integer required | 0 to 50]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

### Section 3: Health Care and Support Service Utilization

In this next section, you will see questions related to your access and use of health and social care services including HIV and non-HIV related services.

S3-01. Do you currently have a regular family doctor?

Select one.

- Yes [Eligible for S3-02a and S3-02b if S1-03=Yes (trans gender experience).  
If S1-03= No/DK/PNTA, skip to S3-03, and fill with 9996]
- No [Skip to S3-03, and fill with 9996]
- Don't know [Skip to S3-03, and fill with 9996]
- Prefer not to answer [Skip to S3-03, and fill with 9996]

S3-02a. [If S3-01=Yes and S1-03=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 [Skip to S3-03, and fill with 9995]
- No, I don't feel comfortable telling my family doctor [Skip to S3-03, and fill with 9995]
- Don't know [Skip to S3-03, and fill with 9995]
- Prefer not to answer [Skip to S3-03, and fill with 9995]

S3-02b. [If S3-02a = 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

S3-03. Do you currently have a regular nurse practitioner\*?

Select one.

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

S3-04. 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 HIV antiretroviral therapy medications (i.e. ARVs).

Select one.

- Yes
- No [Skip to S3-15, and fill with 9996]
- Don't know [Skip to S3-16, and fill with 9996]
- Prefer not to answer [Skip to S3-16, and fill with 9996]

S3-05a. 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) [Eligible for S3-05b if S3-01=Yes (family doctor). If S3-01=No/DK/PNTA, skip to S3-05c, and fill with 9995]
- Infectious disease specialist\* [Skip to S3-05c, and fill with 9995]
- Other specialist (e.g., internist\*, hematologist\*, respirologist\*, unknown specialist type, etc) [Skip to S3-05c, and fill with 9995]
- Nurse or nurse practitioner\* [Skip to S3-05c, and fill with 9995]
- Other, please specify: [Other specify required] [Skip to S3-05c, and fill with 9995]
- Don't know [Skip to S3-06a, and fill with 9995]
- Prefer not to answer [Skip to S3-06a, and fill with 9995]

S3-05b. [If S3-01=Yes AND S2-05a = Family Physician] You indicated that you have a family doctor and that your HIV care provider is also a family doctor. Which of the following best represents your situation?

Select one.

- I have two family doctors. One takes care of my HIV care, the other my general healthcare
- My family doctor is my HIV-care provider (one and the same)
- Other, please specify \_\_\_\_\_ [Other specify required]
- Don't know
- Prefer not to answer

S3-05c. Is this the same HIV doctor that you referred to at your last CHIWOS interview?  
Select one.

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

S3-06a. 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; ensure other specify is mandatory]
- 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]

List of sites:

Quebec

- CHU Ste-Justine
- CHUL -\_Centre hospitalier de l'Université Laval
- CHUM- Hôtel-Dieu
- CHUM- St-Luc
- CHUS - Hôtel-Dieu
- Clinique Caméléon
- Clinique De Médecine Familiale De Hull
- Clinique du Quartier Latin
- Clinique Familiale Montclair (GMF Outaouais)
- Clinique l'Actuel
- Clinique OPUS
- CLSC Gatineau
- CLSC Haute-Ville
- CLSC Marigot
- CSA- Centre Sida Amitié
- CSSS Baie-Des-Chaleurs



- CSSS du Nord de Lanaudière
- Hôpital Charles-Lemoyne
- Hôpital de Chicoutimi
- Hôpital de Gatineau
- Hôpital de l'Enfant-Jésus
- Hôpital de Rouyn Noranda (Centre hospitalier)
- Hôpital de Trois-Rivières- Sainte-Marie
- Hôpital Général de Montréal/ Montreal General Hospital
- Hôpital Général Juif/ Jewish General Hospital
- Hôpital Jean-Talon
- Hôpital régional de Saint-Jérôme
- Hôpital Sainte-Croix
- Le site Glen/ The Glen Site (CUSM/MUHC)
- UHRESS – Notre-Dame (CHUM)
- Unité de Médecine Familiale de Gaspé (UMF)
- Other, please specify:

Ontario

- Arch Clinic - Guelph
- Bay College Medical & Lockwood Diagnostic
- Centre de Médecine Familiale Primrose
- Elevate NOW
- Etobicoke Walk-In and Family Physicians
- HAVEN Program
- Heart of Ottawa Medical Centre
- Maple Leaf Medical Clinic
- McMaster Family Practice
- North York General Hospital
- Lakeridge Clinic
- Ottawa General Hospital
- Ottawa University Health Services Centre
- Peterborough Clinic
- Réseau Access AIDS Sudbury
- Regent Park Community Health Centre
- Scarborough Complete Traveller's Clinic
- Sherbourne Health Centre
- St. Joseph's Healthcare London – Infectious Diseases Care Program
- St. Michael's Hospital – Positive Care Clinic
- St. Michaels Hospital – Health Centre at 410
- Stevenson Memorial Hospital
- Sunnybrook – HIV Ambulatory Clinic
- The Hospital for Sick Children
- The Ottawa Mission Primary Care Clinic
- McMaster Special Immunology Services (SIS) Clinic
- The Spence Clinic
- Thunder Bay Regional Health Services (Dr. Gambles)
- Toronto East General Hospital
- Toronto General Hospital
- Women's Health in Women's Hands
- Other, please specify:

BC

- AIDS Vancouver Island (AVI) Health Centre
- Bridge Clinic (Bridge Community Health Clinic) (For Refugees, do NOT confuse with Three Bridges Clinic)
- Central Interior Native Health Society (Native Health, Dr. Hamour)
- Central Square Medical (Smithers)
- Cool Aid Community Health Centre (Cool Aid)
- Cross Town Clinic
- Downtown Community Health Centre (DCHC)
- Dr. Peter Centre
- FELTHAM Medical Clinic (in Victoria)
- Gillwest clinic (Richmond Hospital)
- Gordon and Leslie Diamond Health Care Centre, Vancouver General Hospital (Diamond Centre at VGH, VGH Leslie Diamond Centre)
- Infectious Diseases Kelowna General Hospital
- John Ruedy Immunodeficiency Clinic (IDC), St. Paul's Hospital (BC Centre for Excellence in HIV, IDC St. Paul's Hospital)
- Lookout Society (Positive Haven) (Surrey North Community Health Centre; Keys)
- North Island Regional Hospital
- North Okanagan Youth and Family Services Society (NOYFSS)
- Oak Tree Clinic
- Outreach Urban Health Clinic (Urban Outreach Kelowna)
- Pacific Oak Clinic (Near Abbott and Hastings)
- Pender Community Health Centre
- Positive Health Clinic, Jim Pattison Outpatient Care and Surgery Care
- Quinsam Medical Centre
- Raven Song
- Spectrum Health Clinic (Spectrum Clinic)
- Three Bridges Clinic
- Vancouver Infectious Disease Centre (Dr. Conway's Office)
- Vancouver Native Health Society

S3-06b. Is this the same clinic that you referred to at your last CHIWOS interview?  
Select one.

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

S3-06c. In the past year, how many times did you go to this clinic?  
Select one.

- Once
- Twice
- Three times
- Four times
- Between 5 and 11 times
- Twelve or more times
- Don't know

- Prefer not to answer

S3-07. How much time does it take to travel one-way from your residence to your HIV care appointments?

Select one.

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

S3-08. How do you normally get to your HIV care appointments?

Select all that apply.

- Walk
- Bike
- Local public transportation
- Intra-city Bus
- Drive my car
- Rent a car
- Get a ride from friend or family
- Taxi
- Train
- Airplane
- Ferry
- Transportation that is arranged for me by clinic, community organization or other service
- Other, please specify [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-9. On average, how much does it cost to go to your HIV care appointment? Please include work time, childcare costs, transportation, accomodation, and other costs associated with attending your HIV care appointment.

Select one.

- \$0 (nothing) [Skip to S3-11 and fill with 9995]
- <\$25
- \$25-100

- \$101-500
- >\$500
- Don't know
- Prefer not to answer

S3-10. Do you receive any financial assistance to help you offset the cost of travelling to your appointment from government, AIDS Service Organizations, or your clinic? And if yes, approximately how much of your costs are covered?  
Select one.

- Yes, All (100% of the costs)
- Yes, Most (75% of the costs)
- Yes, About half (50% of the costs)
- Yes, A small amount (25% of the costs)
- No, none of my costs are covered
- Don't know
- Prefer not to answer

S3-11. Have you ever received HIV care through telemedicine (i.e., with the help of technology such as web-based video or consultation)?  
Select one.

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

S3-12. Would you prefer to receive your HIV care by telemedicine if it was available?  
Select one.

- Yes, I would prefer to receive all of my HIV care by telemedicine
- I would prefer to receive some, but not all of my HIV care by telemedicine
- No
- Don't know
- Prefer not to answer

S3-13. 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 non-stigmatizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	safe (physically, emotionally, culturally)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	respected, overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	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"/>
f.	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.	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"/>
h.	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"/>
i.	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"/>
j.	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"/>
k.	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"/>
l.	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"/>

m.	I can book an appointment easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n	I can receive childcare support if needed (e.g., childcare subsidies and/or child minding support while receiving care)	<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 communicates with other providers about my care, as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	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"/>
q.	there are opportunities for me to provide and receive support from other women with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	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"/>
s.	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"/>
t.	there are opportunities for me to be involved in the planning and delivery of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	My HIV doctor also provides care for women’s health issues as necessary (for example, Pap testing, contraceptive use, and/or pregnancy planning support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	My HIV doctor also provides care for mental health issues as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	necessary (for example, support for depression, anxiety, post-traumatic stress)							
w.	My HIV doctor also provides care for violence issues as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3-14. regards to your HIV doctor.

Please indicate how much you agree or disagree with the following statements in the HIV medical care you received in the past year from your HIV clinic and

**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.

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

**[Once table is complete, participants should skip to S3-16, and fill with 9996]**

S3-15. **[If S3-04 = No]** What were your reasons for not receiving HIV medical care since your last CHIWOS interview?

Select all that apply.

- Felt good / didn't need to go
- Long wait times, waitlist, hard to get an appointment
- Turned down by a program / kicked out
- Drinking or using drugs
- Felt judged for drug or alcohol use
- Poor treatment by provider / negative experiences with providers
- Don't have a clinic where I live
- Hours of operation were not accessible to me
- Transportation barriers
- Cost / Can't afford the fees
- Childcare barriers, e.g., No place for women with kids or Couldn't find/afford childcare
- Language barriers
- Didn't feel safe going to that site / Dangerous neighbourhood
- Concerns about confidentiality
- Didn't know where to go
- The service moved or closed
- Barrier from partner / partner would not let me go
- Personal or family responsibilities
- Work responsibilities
- Location of the site is highly stigmatized
- Involuntary status disclosure / "everyone will know I'm HIV positive if I go there"
- HIV discrimination by doctors, nurses, other staff
- Don't have a women's only clinic/Couldn't get a doctor of my preferred gender
- Don't have a culturally specific clinic (e.g., Indigenous-competent program, trans-competent program)
- 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]

S3-16. Please indicate to what extent each of the following circumstances have made it difficult for you to receive the care, services, or opportunities you wished 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
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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"/>

S3-16m. Since your last CHIWOS interview, have you received dental care from a dentist?  
Select one.

- Yes
- No
- Prefer not to answer

S3-16n. **[If YES to S3-16m]** During the dental care you received since your last CHIWOS interview, did your dentist ever conduct oral cancer screening? That is, did your dentist check your oral tissues for cancer, in addition to caring for your teeth?  
Select one.

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

S3-16o. **[Ask to everyone]** Have you **ever** experienced stigma or discrimination during dental care because of your HIV status?  
Select one.

- Yes
- No
- Prefer not to answer

**Interviewer/programmer instructions:**

**Questions S3-17a to S3-17j are only eligible if S1-03= Yes (participant reported having trans gender experience).**

**If S1-03= No or Don't know or Prefer not to answer, skip these questions and set to 9996.**

You reported having trans gender experience. I'd like to ask you some questions about any related healthcare you may be receiving.

S3-17a. **[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

S3-17b. **[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

S3-17c. **[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

S3-17d. **[If S1-03 = Yes]** Do you trust the doctor-patient confidentiality with your HIV doctor when it comes to receiving trans-related care? 1

Select one.

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

S3-17e. **[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

S3-17f. [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

S3-17g. [If S1-03 = Yes] Have you ever accessed medical care from a trans specific clinic or doctor?

Select one.

- Yes
- No [Skip to S3-17i, and fill with 9995]
- Don't know [Skip to S3-17j, and fill with 9995]
- Prefer not to answer [Skip to S3-17j, and fill with 9995]

S3-17h. [If S3-17g=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 S3-17j, and fill with 9994]
- For my HIV related care [Skip to S3-17j, and fill with 9994]
- Other, please specify: [Other specify required] [Skip to S3-17j, and fill with 9994]
- Don't know [Exclusive] [Skip to S3-17j, and fill with 9994]
- Prefer not to answer [Exclusive] [Skip to S3-17j, and fill with 9994]

S3-17i. [If S3-17g = 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
- Don't need to – my non-trans specific clinic or doctor can competently provide trans-related care
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-17j. **[If S1-03 = Yes]** Has an 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
- Told you that you had to stop taking hormones and/or choose between hormones and ARVs
- 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]**

**Interviewer/programmer instructions:**

**Questions S3-18a to S3-18e are only eligible if S1-07 = First Nations (Status)/First Nations (Non Status)/Metis/Inuit.**

**If S1-07 = None of the above or Don't know or Prefer not to answer, skip these questions and set to 9996.**

You reported identifying as Aboriginal (i.e., **First Nations (Status)/First Nations (Non Status)/Metis/Inuit**). I'd like to ask you some questions about any related healthcare you may be receiving.

S3-18a. **[If S1-07 = First Nations (Status)/First Nations (Non Status)/Metis/Inuit]** Since your last CHIWOS interview, have you accessed (used) any Aboriginal-specific services for any medical attention, health information or to take part in a program? This includes the services of a traditional Healer, community Elder, or other aboriginal-specific services. If, so which type?  
Select all that apply.

- Traditional Healer – spiritualist
- Traditional Healer – herbalist

- Aboriginal holistic care clinic (spiritual, emotional, physical health)
- Community Elder
- Other Aboriginal-specific service(s), please specify: [Other specify required]
- Used a Aboriginal-specific service, but DO NOT KNOW the type
- Used a Aboriginal-specific service, but prefer to not provide the type
- Did not use an Aboriginal-specific service [Skip S3-18d, and fill with 9995]
- Don't know [Skip S3-18d, and fill with 9995]
- Prefer not to answer [Skip S3-18d, and fill with 9995]

S3-18b. [If S1-07 = First Nations (Status)/First Nations (Non Status)/Metis/Inuit] When you sought Aboriginal-specific services, what kind of treatment or service did you receive?  
Select all that apply.

- Ceremony
- Counselling
- Healing
- Energy movement
- Medicines, e.g. Tea
- Other, specify: \_\_\_\_\_ [Other specify required]
- None of the above [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S3-18c. [If S1-07 = First Nations (Status)/First Nations (Non Status)/Metis/Inuit] In general, over a one year period, how often do you seek the Aboriginal-specific services?  
Select one.

- Once a week or more
- 2 to 3 times a month
- About once a month
- Infrequently, about once every few months
- Rarely, once a year or less
- Don't know
- Prefer not to answer

S3.18d. [If S1-07 = First Nations (Status)/First Nations (Non Status)/Metis/Inuit] How important are the traditional Aboriginal spiritual beliefs or cultural practices to you?  
Select one.

- Not at all important
- Not too important

- Somewhat important
- Very important
- Extremely important
- Don't know
- Prefer Not to Answer

S3-18e. **[If S1-07 = First Nations (Status)/First Nations (Non Status)/Metis/Inuit]** What keeps you going during troubled times?  
Select all that apply.

- Your Aboriginal self-identity
- Self-control and/or self-determination
- Personal belonging or personal supportive groups (e.g. family, friends, peers, etc.)
- Cultural belonging or culturally supportive groups (e.g. community centres, etc.)
- Traditional diet
- Traditional healing methods
- Sweat Lodge
- Other traditional spiritual rituals/ceremonies
- Cultural leisure activities, like Aboriginal dancing or music, travel to reserves/hamlets, etc.
- Other leisure activities, like physical exercise, sports, music, reading, etc.
- You do not keep going; you resign yourself to your fate/destiny and events
- You want to keep going but do not have traditional knowledge or culturally-appropriate services
- You want to keep going but do not have access to culturally-appropriate services where you reside
- Other (specify): \_\_\_\_\_ **[Other specify required]**
- Don't know **[Exclusive]**
- Refuse to answer **[Exclusive]**

#### Section 4: Emotional Wellbeing and Health Related Quality of Life

The following section includes a series of questions about emotional wellbeing and quality of life as it relates to your overall mental and physical health.

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
- Add ADD/ADHD (i.e., Attention deficit (hyperactivity) disorder)
- 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.  
me

Below is a list of the ways you might have felt or behaved **during the past week**. Please tell 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. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and check the box to indicate how much you have been bothered by that problem **in the last month**. Select one response per line.

	Extremely	Quite a bit	Moderately	A little bit	Not at all	Prefer not to answer
a. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling very upset when something reminded you of a stressful experience from the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Avoid activities or situations because they remind you of a stressful experience from the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling distant or cut off from other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling irritable or having angry outbursts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Having difficulty concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4-04. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

Select one response per line.

How often do you have available ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know	Prefer not to answer
a. Someone to turn to for suggestions about how to deal with a personal problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Someone to help with daily chores if you were sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone to love and make you feel wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Someone to do something enjoyable with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4-05. Approximately how many women living with HIV do you know personally\*, including friends and colleagues? Please try to provide your best estimate. Select one.

- None
- 1 person
- 2 to 4 people
- 5 to 9 people
- 10 to 19 people
- 20 to 49 people
- 50 to 99 people
- 100 or more
- Don't know
- Prefer not to answer

S4-06. In your life, do you have someone living with HIV who you get support from? For this question, please think about friends or family living with HIV who you can call on in times of need, rather than someone who you only know in a formal role, such as a peer navigator. This person can be a friend or a peer. Select one.

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

S4-07a. How much do you agree or disagree with the following statement: “As a woman living with HIV in my community, I feel isolated”.  
Select one.

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

S4-07b. How much do you agree or disagree with the following statement: “I don’t reach out to friends or stay in touch, because I can’t explain my life living with HIV to them”.  
Select one.

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

S4-08. 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"/>

S4-09. 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"/>

S4-10. 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"/>

S4-11. 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

S4-12. 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 blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4-13. 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

S4-14. 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: Reproductive Health**

The following section asks about a wide variety of factors important to understanding women's reproductive health. Some topics may be applicable to you and others not depending on your age and/or gender. We have simplified this section accounting for the diversity of women. Let's begin.

S5-001. What was your biological sex\* at birth? Select one.

- Male [Skip to S5-021, and fill with 9996]
- Female
- Intersex\* [Skip to S5-021, and fill with 9996]
- Undetermined\* [Skip to S5-021, and fill with 9996]
- Don't know [Skip to S5-021, and fill with 9996]

Prefer not to answer

[Skip to S5-021, and fill with 9996]

**Interviewer/programmer instructions:**

**If S5-001=Female, participant eligible for the following reproductive health questions:  
S5-002b to S5-020  
S5-026 to S5-029**

**If S5-001=Male or Intersex or Undetermined or Don't Know or Prefer not to answer, skip these questions and set to 9996.**

**Interviewer/programmer instructions:**

**If age in participant database (calculated from date of birth to date of study visit) is more than 50 years old, participants not eligible for:  
S5-010 to S5-020  
S5-026 to S5-029**

**These questions should be set to 9995.**

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]

S5-005. [If S5-001 = Female] How would you describe your current menstrual status as it relates to menopause?

Menopause is the time in a woman's life when her reproductive hormones change and she stops having periods. This can happen naturally with aging or be caused by things such as surgery (removal of uterus/ovaries) or medications (e.g. chemotherapy for cancer). When menopause occurs due to aging, a woman is considered to be postmenopausal when she has not had her period for 12 months. If she has stopped getting her period (for reasons related to aging) for less than 12 months, she is considered perimenopausal. Otherwise, she is considered premenopausal.

Select one.

- Premenopausal\* [Skip to S5-008, and fill with 9995]
- Perimenopausal\* [Skip to S5-007, and fill with 9995]
- Postmenopausal\*
- Don't know [Skip to S5-008, and fill with 9995]
- Prefer not to answer [Skip to S5-008, and fill with 9995]

**Interviewer/programmer instructions:**

**If S5-005=Postmenopausal or Perimenopausal, participants not eligible for:  
S5-010 to S5-020  
S5-026 to S5-029**

**These questions should be set to 9995.**

S5-006. [If S5-005 = Postmenopausal] When did you complete menopause\*?

- Indicate month: [Month optional; show drop-down list]
- Indicate year: [Year required; show drop-down list]

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

S5-007. [If S5-005 = 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
- Not applicable (e.g., completed menopause many years ago)
- Don't know
- Prefer not to answer

S5-008a. [If S5-001 = Female] Have you ever had a hysterectomy\*?  
Select one.

- Yes
- No [Skip to S5-009a, and fill with 9995]
- Don't know [Skip to S5-009a, and fill with 9995]
- Prefer not to answer [Skip to S5-009a, and fill with 9995]

**Interviewer/programmer instructions:**

**If S5-008a=Yes, participants not eligible for:  
S5-010 to S5-020  
S5-026 to S5-029**

**These questions should be set to 9995.**

S5-008b. [If S5-008a = Yes] When did you have a hysterectomy\*?

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



S5-009a. **[If S5-001 = Female]** Have you ever had a tubal ligation\*?  
Select one.

- Yes
- No [Skip to S5-010, and fill with 9995]
- Don't know [Skip to S5-010, and fill with 9995]
- Prefer not to answer [Skip to S5-010, and fill with 9995]

S5-009b. **[If S5-008a = Yes]** When did you have a tubal ligation\*?

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

**Interviewer/programmer instructions:**

**If S5-009a=Yes AND MONTH/YEAR of tubal ligation is before June 2015, participants not eligible for:  
S5-010 to S5-020  
S5-026 to S5-029**

**These questions should be set to 9995.**

Note regarding change: Saying that she had TL skips out of all the pregnancy & contraceptive use questions. But a participant could report TL in month of study visit while also reporting a pregnancy at some time over the last 18 months. She could also have used contraception over the last 6 months. Now, skips are only effective is YES to TL and it was before June-2015. If the year is 105, then Month is mandatory.

**Interviewer/programmer instructions:**

**Questions S5-010 to S5-020 are only eligible if S5-001 = Female.**

**Also, these questions are NOT eligible if:  
S5-005=Postmenopausal or Perimenopausal; or  
S5-008a= Yes [→ had a hysterectomy]; or  
S5-009a= Yes [→ had a tubal ligation]; or  
Age = more than 50 years old.**

S5-010. [If S5-001 = Female]  
[NOT Eligible if: S5-005=Postmenopausal or Perimenopausal; Or S5-008a=Yes; Or S5-009a=Yes; Or Age= more than 50 years old]

Are you currently pregnant?  
Select one.

- Yes
- No [Skip to S5-011, and fill with 9994]
- Don't know [Skip to S5-011, and fill with 9994]
- Prefer not to answer [Skip to S5-011, and fill with 9994]

S5-010a. [If S5-010 = Yes] Was this a planned pregnancy?  
Select one.

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

S5-010b. [If S5-010 = Yes] Did you receive pre-conception counselling \* with a healthcare professional

before attempting to become pregnant?  
Select one.

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

S5-010c. [If S5-010 = Yes] Were you on HIV antiretroviral therapy (ARVs) before you became pregnant?  
Select one.

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

S5-011. [If S5-001 = Female]

[NOT Eligible if: S5-005=Postmenopausal or Perimenopausal; Or S5-008a=Yes; Or S5-009a=Yes; Or Age= more than 50 years old]

Excluding your current pregnancy (if applicable), since your last CHIWOS interview, how many times have you been pregnant?

- Indicate number of pregnancies: [Integer required | 0 to 50]  
[If >0 then continue]  
 [If 0 and S5-010 ≠ Yes, skip to S5-021, and fill with 9994]  
 [If 0 and S5-010 = Yes, skip to S5-012, and fill with 9994]
  
- Don't know [Exclusive]  
[If S5-010 ≠ Yes, Skip to S5-021, and fill with 9994]  
 [If S5-010 = Yes, skip to S5-012, and fill with 9994]
  
- Prefer not to answer [Exclusive]  
[If S5-010 ≠ Yes, skip to S5-021, and fill with 9994]  
 [If S5-010 = Yes, skip to S5-012, and fill with 9994]

[Note to programmer: This table should be programmed as a loop, with the questions repeated for each pregnancy. The first question (S5-011a) is the main parent question, with mutually exclusive responses. Those who select the responses labelled with an 'A' (i.e., single live birth or multiple live birth) are asked one series of questions (**S5-011b to S5-011o**). Those who select the responses labelled with a 'B' (i.e., miscarriage, stillbirth, ectopic pregnancy) are asked a different series of questions (**S5-011p to S5-011s**). Those who select the response labelled with a 'C' (i.e., pregnancy termination) are asked one question (**S5-011**).]

	Pregnancy			
	1 Most Recent	2	3	4 Least Recent
Now I'm going to ask you some questions about your pregnancy(ies). We are going to begin with your most recent pregnancy. Then, we'll go through the same questions about your 2 <sup>nd</sup> , 3 <sup>rd</sup> , and 4 <sup>th</sup> pregnancy (if applicable).				

<p>S5-011a. [If S5-011 &gt;0] What was the outcome of this pregnancy?</p> <p>Select one per pregnancy.</p> <ul style="list-style-type: none"> <li>A. Single live birth [Skip to S5-011c, and fill with 9996]</li> <li>A. Multiple live births*</li> <li>B. Miscarriage [Skip to S5-011p, and fill with 9996]</li> <li>B. Stillbirth [Skip to S5-011p, and fill with 9996]</li> <li>B. Ectopic pregnancy* [Skip to S5-011p, and fill with 9996]</li> <li>C. Pregnancy termination* [Skip to S5-011s, and fill with 9996]</li> <li>D. Don't know [If S5-011 &gt;1, skip to next pregnancy, and fill with 9996]              [If S5-011 =1, skip to S5-012, and fill with 9996]</li> <li>D. Prefer not to answer [If S5-011 &gt;1, skip to next pregnancy, and fill with 9996]              [If S5-011 =1, skip to S5-012, and fill with 9996]</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <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>[Series 'A' questions begin]</p>				
<p>S5-011b. [If S5-011a = A. Multiple live births] How many live births occurred?</p> <p>Select one per pregnancy.</p> <ul style="list-style-type: none"> <li>One <input type="checkbox"/></li> <li>Two <input type="checkbox"/></li> <li>Three <input type="checkbox"/></li> <li>Other, please specify _____</li> </ul> <p>[Note to programmer:              • If S5-011b = 2, participant is eligible for S5-011j, S5-011k, and S5-011l (Qs about baby #2).              • If S5-011b = 3, participant is eligible for S5-011j, S5-011k, and S5-011l (Qs about baby #2) <b>AND</b> S5-011m, S5-011n, and S5-011o (Qs about baby #3).</p> <p>Therefore:              • If S5-011b = 2, set S5-011m, S5-011n, and S5-011o to 9995.              • If S5-011b = 1, then S5-011j, S5-011k, and S5-011l <b>AND</b> S5-011m, S5-011n, and S5-011o to 9995.]</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"/>
<p>S5-011c. [If S5-011a = A. Single live birth or Multiple Live Births] Was this a planned pregnancy?</p> <p>Select one per pregnancy.</p> <ul style="list-style-type: none"> <li>Yes <input type="checkbox"/></li> <li>No <input type="checkbox"/></li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Don't know Prefer not to answer				
S5-011d. [If S5-011a = A. Single live birth or multiple live births] Were you on HIV antiretroviral therapy (ART) before you became pregnant? 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"/>
S5-011e. [If S5-011a = A. Single live birth or Multiple live births] When did you deliver?  Indicate month and year of 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"/>
S5-011f. [If S5-011a = A. Single live birth or multiple live births] Did you receive pre-conception counselling* with a healthcare professional before attempting to become pregnant? 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"/>
S5-011g. [If S5-011a= A. Single live birth or multiple live births] 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, tested at birth No, not that I know of [skip to S5-011i and fill with 9995] Don't know [skip to S5-011i and fill with 9995] Prefer not to answer [skip to S5-011i and fill with 9995]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
S5-011h. [If S5-011g = Yes] What was the final result of the HIV test? Select one per pregnancy.	HIV-Positive HIV-Negative Testing underway Don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Prefer not to answer				
<p><b>S5-011i. [If S5-011a = A. Single live birth or multiple live births] Who is the child living with today?</b></p>					
<p>Select one per pregnancy.</p>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both biological parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another family member or relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Protective Services (CPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know					
Prefer not to answer					
<p><b>S5-011j. [S5-011b = 2 or more] Was your second baby tested for HIV* ?</b></p>					
<p>Select one per pregnancy.</p>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, tested at birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, not that I know of [skip to S5-011j and fill with 9994]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know [skip to S5-011j and fill with 9994]					
Prefer not to answer [skip to S5-011j and fill with 9994]					
<p><b>S5-011k. [S5-011j = Yes] What was the final result of the HIV test for the second baby?</b></p>					
<p>Select one per pregnancy.</p>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Testing underway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know					
Prefer not to answer					
<p><b>S5-011l.[S5-011b = 2 or more] Who is the second child living with today?</b></p>					
<p>Select one per pregnancy.</p>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both biological parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another family member or relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adoptive parents Foster care Child Protective Services (CPS) Child is deceased Other, please specify Don't know Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S5-011m. [S5-011b = 3 or more] Was your third baby tested for HIV*? Select one per pregnancy. Yes, tested at birth No, not that I know of [skip to S5-011j and fill with 9993] Don't know [skip to S5-011j and fill with 9993] Prefer not to answer [skip to S5-011j and fill with 9993]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S5-011n. [If S5-011m = Yes] What was the final result of the HIV test for the third baby? 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"/>
S5-011o. [S5-011b = 3 or more] Who is the third child living with today? Select one per pregnancy. 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  [Series 'A' questions end]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Series 'B' questions begin]				

<p>S5-011p. [S5-011a = B. Miscarriage or Stillbirth or Ectopic pregnancy] Was this a planned pregnancy? Select one per pregnancy.</p> <p style="text-align: right;">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>S5-011q. [S5-011a = B. Miscarriage or Stillbirth or Ectopic pregnancy] Were you on HIV antiretroviral therapy (ART) before you became pregnant? Select one per pregnancy.</p> <p style="text-align: right;">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>S5-011r. [S5-011a = B. Miscarriage or Stillbirth or Ectopic pregnancy] Did you receive pre-conception counselling* with a healthcare professional before attempting to become pregnant?</p> <p style="text-align: right;">Yes No Don't know Prefer not to answer</p> <p>[Series 'B' questions end]</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>[Series 'C' questions begin]</p> <p>S5-011s. [S5-011a = C. Pregnancy Termination] Did your HIV status influence the decision to end the pregnancy?</p> <p style="text-align: right;">Yes No Don't know Prefer not to answer</p> <p>[Series 'C' questions end]</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"/>



S5-012. [If S5-010 = Yes or (S5-011 > 0 AND S5-011a ≠ C. Pregnancy Termination)] 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

S5-013. [If S5-010 = Yes or (S5-011 > 0 AND S5-011a ≠ C. Pregnancy Termination)] 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 S5-016, and fill with 9994]
- HIV-negative
- Unknown HIV status
- Prefer not to answer [Skip to S5-016, and fill with 9994]

S5-014. [If S5-013 = HIV-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 S5-016, and fill with 9993]
- Don't know [Skip to S5-016, and fill with 9993]
- Prefer not to answer [Skip to S5-016, and fill with 9993]

S5-015. [If S5-014 = 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 (PrEP)

- Waited to have condomless 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/broke, unplanned pregnancy
- Don't use condoms because I am on ART with an undetectable viral load
- Other, please specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

Note to programmer: These next questions are only for participants who reported a pregnancy resulting in a live birth since their last CHIWOS interview. If participant did not report a pregnancy that resulted in a live birth since their last CHIWOS interview, skip to S5-021, and fill with 9994.

S5-017. [If participant reported a pregnancy that resulted in a live birth since their last CHIWOS interview] 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 S5-019, and fill with 9993]
- Don't know [Skip to S5-019, and fill with 9993]
- Prefer not to answer [Skip to S5-019, and fill with 9993]

S5-018. [If participant reported a pregnancy that resulted in a live birth since their last CHIWOS interview] Were you satisfied with the information provided?

Select one.

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

S5-019. [If participant reported a pregnancy that resulted in a live birth since their last CHIWOS interview] Were you offered any medication for lactation inhibition\* (e.g., cabergoline)?

Select one.

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

S5-020. **[If participant reported a pregnancy that resulted in a live birth since their last CHIWOS interview]** 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

**Interviewer/programmer instructions:**

**The next few questions are about breastfeeding and condom use, and are asked to everyone.**

S5-021. **[Ask to all women]** 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

S5-022. **[Ask to all women]** In the past 6 months, have you used male condoms with your partner(s)?

Select one.

- Yes
- No **[Skip to S5-024, and fill with 9996]**
- Not applicable (e.g., no sex in past 6 months/no sex with biological male in past 6 months) **[Skip to S5-024, and fill with 9996]**
- Don't know **[Skip to S5-024, and fill with 9996]**
- Prefer not to answer **[Skip to S5-024, and fill with 9996]**

S5-023. **[If S5-022 = 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

S5-024. **[Ask to all women]** In the past 6 months, have you used female condoms with your partner(s)?  
Select one.

- Yes
- No [Skip to S5-26, and fill with 9996]
- Not applicable (e.g., no sex in past 6 months) [Skip to S5-26, and fill with 9996]
- Don't know [Skip to S5-26, and fill with 9996]
- Prefer not to answer [Skip to S5-26, and fill with 9996]

S5-25. **[If S5-024 = 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

**Interviewer/programmer instructions:**

**Questions S5-010 to S5-020 are only eligible if S5-001 = Female.**

**Also, these questions are NOT eligible if:**

**S5-005=Postmenopausal or Perimenopausal; or**

**S5-008a= Yes [-> had a hysterectomy]; or**

**S5-009a= Yes [-> had a tubal ligation]; or**

**Age = more than 50 years old.**

S5-026. [If S5-001 = Female]  
 [NOT Eligible if: S5-005=Postmenopausal or Perimenopausal; Or S5-008a=Yes; Or S5-009a=Yes; Or Age= more than 50 years old]

Do you intend to become pregnant / have biological children in the future?

Select one.

- Yes
- No [Skip to S5-028, and fill with 9995]
- Not Applicable [Skip to S5-028, and fill with 9995]
- Don't know [Skip to S5-028, and fill with 9995]
- Prefer not to answer [Skip to S5-028, and fill with 9995]

S5-027. [If S5-026 = 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

S5-028. [If S5-001 = Female]  
 [NOT Eligible if: S5-005=Postmenopausal or Perimenopausal; Or S5-008a=Yes; Or S5-009a=Yes; Or Age= more than 50 years old]

In the past **6 months**, which of the following contraceptive methods have you used?

Note to PRAs: Do not include condoms here as this was asked above.

Select one response per line.

		Yes	No	Don't know
a.	an oral contraceptive, also known as 'the pill'			
b.	an injection, also known as 'Depo-provera'			
c.	NuvaRing, a vaginal ring containing hormone that you insert once a month			
d.	a contraceptive patch, also known as Ortho Evra and used once a week			
e.	an intrauterine device, also known as an "IUD" or "Copper IUD"			
f.	an Intrauterine System, also known as an "IUS" or "Mirena"			

g.	an Implanon, also known as a "progestin implantable contraceptive			
h.	any emergency contraception, commonly known as "Plan B", "the morning after pill", "Ovral" or "Preven"			
i.	Any other contraceptive methods (please specify) _____			

S5-29.

[If S5-001 = Female]

[NOT Eligible if: S5-005=Postmenopausal or Perimenopausal; Or S5-008a=Yes; Or S5-009a=Yes; Or Age= more than 50 years old

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

**Interviewer/programmer instructions:**

These questions are about disclosure and the law, and are to be asked to everyone, regardless of biological sex, age, menopause, hysterectomy, tubal ligation.

S5-30.

[Ask to everyone]

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.

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 vaginal 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.

S5-31. 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

S5-32. Since your last CHIWOS interview, have any of the following health 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 [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-33. Which type of healthcare provider, if any, would you **most prefer** to talk to about HIV disclosure and the law in a clinical setting?

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]
- I would prefer not to talk to a healthcare provider about HIV disclosure and the law
- Don't know
- Prefer not to answer

S5-34. Please indicate to what degree you agree or disagree with each of the following statements.  
Select one per row.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not applicable
<b>Questions about healthcare providers</b>						
a. HIV disclosure laws affect (or would affect) the type of information that I share with my healthcare provider(s).						
b. HIV disclosure laws make me (or would make me) afraid to discuss details of my sexual activities with my healthcare providers.						
c. HIV disclosure laws have increased the stigma and discrimination I have experienced from healthcare providers.						
<b>Questions about sexual partners</b>						
d. I have been / I am afraid to tell sexual partners that I have HIV (including potential sexual partners).						
e. HIV disclosure laws make me more likely to disclose my HIV status to new sexual partners.						
f. HIV disclosure laws have increased the stigma and discrimination I have experienced from sexual partners						



g. HIV disclosure laws have increased my experiences of verbal, physical or sexual violence from sexual partners.						
h. I have chosen not to have sex with a new partner due to concerns about HIV disclosure laws.						
i. I have chosen to disclose my HIV status to a sexual partner in front of a witness, due to concerns about HIV disclosure laws.						
<b>Questions about disclosure support</b>						
j. I am satisfied with the support services currently available in my community to help women living with HIV navigate HIV disclosure to sexual partners.						
k. Other people living with HIV are an important source of support for me around HIV disclosure and the law.						
l. AIDS Service Organizations and community based organisations are important sources of support for me around HIV disclosure and the law						

S5-34m. Have you ever consulted a lawyer, police officer, legal clinic or legal organization for advice related to an HIV and disclosure issue?  
Select one.

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

S5-35. Have you **ever** experienced violence upon disclosure of your HIV status to a sexual partner?  
Select all that apply.

- Yes, verbal violence
- Yes, physical violence
- Yes, sexual violence
- No

[Skip to S5-37, and fill with 9996]

- [Exclusive] Never disclosed my HIV status to a sexual partner [Skip to S5-37, and fill with 9996]
- [Exclusive] Don't know [Skip to S5-37, and fill with 9996]
- [Exclusive] Prefer not to answer [Skip to S5-37, and fill with 9996]
- [Exclusive]

S5-36. **In the last three months**, have you experienced any type of violence (including verbal, physical, or sexual violence) upon disclosure of your HIV status to a sexual partner? Select all that apply.

- Yes, verbal violence
- Yes, physical violence
- Yes, sexual violence
- No [Exclusive]
- Never disclosed my HIV status to a sexual partner [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S5-37. Do you know a woman living with HIV 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

S5-38. When you first tested positive for HIV, were you informed about the legal obligation to disclose HIV status to sexual partners?

Select one.

- Yes, before receiving the HIV test, as part of pre-test counselling
- Yes, after receiving a positive diagnosis, as part of post-test counselling
- Not applicable – I received my HIV diagnosis when this law was not an issue
- Not applicable – I received my HIV diagnosis outside of Canada
- No
- Don't know
- Prefer not to answer

S5-39. When you first tested positive for HIV, in what setting were you tested?

Select one.

- Family doctor/general practitioner
- Sexual health clinic
- Prenatal health visits

- Through the criminal justice system (in police custody, in prison)
- Outreach testing in the community
- During a hospital admission
- In the emergency department
- As part of a research study
- Through immigration services
- Through employment/occupational health
- Other , please specify: [Other specify required]
- Don't know
- Prefer not to answer

**Section 6: Stigma and Discrimination**

This next section is about stigma and discrimination as it pertains to HIV, race, and gender. Please note that some items may be difficult to hear. We will go through the questions together. You can select “prefer not to answer” at any time. If you would like to take a break, we can do so.

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"/>
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S6-02.

For each of the following items, please indicated how often have people treated you this way in the past **because of your HIV status**.

Note to PRAs: These questions can refer to the participant's entire life.

Select one per line.

**Because of your HIV status...**

	Never	Not Often	Somewhat Often	Often	Very Often	N/A, i.e. have never disclosed	Prefer not to answer
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S6-03.

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

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

Select one per row.

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

S6-04. These next questions ask about your experiences of sexism. Please think carefully, and do your best to answer each question.

In your day-to-day life how often have any of the following things happened to you **because you are a woman?** This question is inclusive to cis and trans women.  
*Select one per row.*

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

**Interviewer/programmer instructions:**

**Questions S6-05 is only eligible if S1-03= Yes (participant reported having trans gender experience). If S1-03= No or Don't know or Prefer not to answer, skip these questions and set to 9996.**

You reported having trans gender experience...

S6-05. **[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**. 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

This section will ask about your potential use of alcohol, tobacco, cannabis, and illegal drugs or legal drugs (i.e. prescription) not used in the manner they were prescribed.

For the first three questions about alcohol use, 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 S7-04, and fill with 9996]
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week
- Don't know [Skip to S7-04, and fill with 9996]
- Prefer not to answer [Skip to S7-04, and fill with 9996]

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. [If S7-01 = Any alcohol] 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

S7-04. What is your cigarette (tobacco) smoking history\*?  
Select one.

- I am currently a regular smoker\*
- I smoke occasionally\*
- I am a former smoker\*
- I have never been a smoker
- Don't know
- Prefer not to answer

S7-05. What is your cannabis\* use history?  
Select one.

- I have used cannabis regularly\* in the last 30 days
- I have used cannabis occasionally\* in the last 30 days
- I have used cannabis in the past year, but not in the past 30 days
- I have used cannabis in the past, but not in the past year
- I have never used cannabis, or only ever used it once or twice [Skip to S7-08, and fill with 9996]
- Don't know [Skip to S7-08, and fill with 9996]
- Prefer not to answer [Skip to S7-08, and fill with 9996]

S7-06. [If S7-05 = 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 medicinal and recreational reasons
- Don't know
- Prefer not to answer

S7-07. [If S7-05 = reported cannabis use] Why did you use cannabis?  
Select all that apply.

- For fun
- To get high
- To socialize with friends
- To improve my creativity/focus/etc
- For religious/spiritual reasons
- For pain
- To relax
- To manage stress
- To deal with anxiety/depression



- To help me sleep
- To address symptoms of my HIV
- To address side-effects from my ART
- To reduce/eliminate the use of another substance (e.g., alcohol, tobacco, other illegal drugs)
- To reduce the use of other prescription medication (specifically: \_\_\_\_)
- To address other health concern (specifically: \_\_)
- Other, please specify [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S7-08. Now I'm going to ask you some questions about your potential use of drugs other than alcohol, tobacco, and cannabis. This information is confidential. Please answer as accurately as you can.

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

- Yes
- No [If S7-01 = Any alcohol, Skip to S7-19, and fill with 9996]  
[If S7-01 = No alcohol, Skip to S8-01, and fill with 9996]
- Don't know [If S7-01 = Any alcohol, Skip to S7-19, and fill with 9996]  
[If S7-01 = No alcohol, Skip to S8-01, and fill with 9996]
- Prefer not to answer [If S7-01 = Any alcohol, Skip to S7-19, and fill with 9996]  
[If S7-01 = No alcohol, Skip to S8-01, and fill with 9996]

S7-9. [If S7-08 = Yes] In the past 6 months, have you used any **non-injection** drugs?

Note: This may include illegal **non-injection** drugs (i.e., heroin, cocaine) or legal **non-injection** drugs (i.e., prescription) used not in the manner they were prescribed.  
Select one.

- Yes
- No [Skip to S7-11, and fill with 9995]
- Don't know [Skip to S7-11, and fill with 9995]
- Prefer not to answer [Skip to S7-11, and fill with 9995]

S7-10. [If S7-9 = Yes] In the past 6 months, when you were using, how often did you use the

following **non**-injection drugs?

Remember, this may include illegal **non**-injection drugs (i.e., heroin, cocaine) or legal **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".

Select one per line.	Did not use	Less than once a week	At least once a week	Daily	Prefer not to answer	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: <b>[Required]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other, specify: <b>[Required]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S7-11. **[If S7-08 = Yes]** In the past 6 months, did you **inject** any drugs?

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

Select one.

- Yes
- No [Skip to S7-13, and fill with 9995]
- Don't know [Skip to S7-13, and fill with 9995]
- Prefer not to answer [Skip to S7-13, and fill with 9995]

S7-12. **[If S7-11 = Yes]** In the past 6 months, when you were using, how often did you use

the following **injection** drugs?

Remember, this may include illegal **injection** drugs (i.e., heroin, cocaine) or legal **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".

Select one per line.	Did not use	Less than once a week	At least once a week	Daily	Prefer not to answer	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"/>

S7-13. **[If S7-08 = Yes]** In the last 6 months, have you experienced an overdose?  
 Select one.

- Yes
- No [Skip to S7-15, and fill with 9995]
- Don't know [Skip to S7-15, and fill with 9995]
- Prefer not to answer [Skip to S7-15, and fill with 9995]

S7-14. **[If S7-13 = Yes]** What substance were you using?  
 Select all that apply.

- Heroin (injected) (dust, horse, junk, down, or downtown)
- Cocaine (injected) (uptown, up)
- Crack (injected)
- Crystal meth (injected) (methamphetamine, ice, jib, gak)
- Speedballs (Heroin + Cocaine)
- Goofballs (Heroin + Crystal Meth)
- Dilaudid
- Oxycontin/Oxycodone/ OxyNeo
- Fentanyl
- Morphine
- Talwin & Ritalin ("T's & R's")
- Codeine (T3s T4s)
- Other, specify: [Other specify required]
- Other, specify: [Other specify required]
- Other, specify: [Other specify required]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

S7-15. **[If S7-08 = Yes]** These next questions ask about your experiences of discrimination in your day-to-day life due to your use of illegal drugs (i.e., heroin, cocaine) or legal drugs (i.e. prescription) not in the manner they were prescribed. Please think carefully, and do your best to answer each question.

Select one per row.

	Not at all	Just a little	Somewhat	Very much	Prefer not to answer
a. How much do you feel that you need to hide your drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much do you feel ashamed of using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How much do you feel people avoid you because you use drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How much do you fear you will lose your friends because you use drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How much do you fear family will reject you because you use drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How much do you think drug use is a punishment for something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How much do you feel that people do not want you around their children because you use drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How much do you think other people are uncomfortable being around you because you use drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. How much do you think health care providers are uncomfortable treating you because you use drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[If S7-08 = Yes]** Harm reduction programmes are services that try to reduce the chance you are harmed by alcohol or other drugs without demanding you stop using them.

In the last six months, please describe what services you know exist in your community, what services you have needed, and what services you have used.

[Note to programmer: create table with three main columns/questions. S7-18 should remain hidden, unless S7-17=Yes. If S7-17=No, fill S7-18 with 9995.]

**In the last six months...**

Select one per row.	S7-16. ... Did this service exist in your community?	S7-17. ...Have you needed this service?	S7-18. [If S7=17=Yes] ...Have you used this service?
a. Clean needle exchange/distribution	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  [If =Yes, unhide S7-18a]  [If =No, fill S7-18a with 9995]	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Safer crack kits	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  [If =Yes, unhide S7-18b]  [If =No, fill S7-18b with 9995]	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Take-home naloxone/narcan	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  [If =Yes, unhide S7-18c]  [If =No, fill S7-18c with 9995]	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Methadone	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  [If =Yes, unhide S7-18d]  [If =No, fill S7-18d with 9995]	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Suboxone/buprenorphine	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  [If =Yes, unhide S7-18e]  [If =No, fill S7-18e with 9995]	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Prescribed heroin	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  [If =Yes, unhide S7-18f]  [If =No, fill S7-18f with 9995]	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Supervised injection facility	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  [If =Yes, unhide S7-18g]  [If =No, fill S7-18g with 9995]	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Medical marijuana	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	<input type="checkbox"/>	[If =Yes, unhide S7-18h]  [If =No, fill S7-18h with 9995]	
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S7-19 The next question asks about access to substance-related services. All participants who report any kind of use of substance use, whether illegal or legal, are asked these questions.

Since your last CHIWOS interview, have you ever tried to access substance-related services?

This could include any kind of treatment or support for drug or alcohol use such as hospital ER, methadone program, detox, daytox, harm-reduction services (e.g., needle exchange, safe injection site), recovery house, 12-step programs, or drug and alcohol counselling.

Select one.

- Yes
- No [Skip to S8-01, and fill with 9995]
- Don't know [Skip to S8-01, and fill with 9995]
- Prefer not to answer [Skip to S8-01, and fill with 9995]

S7-19b. [If S7-19 = Yes] Have you ever been unable to access substance-related services?

- Yes
- No [Skip to S8-01, and fill with 9994]
- Don't know [Skip to S8-01, and fill with 9994]
- Prefer not to answer [Skip to S8-01, and fill with 9994]

S7-20. [If S7-19b = Yes] What was the problem?

Select all that apply.

- Long wait times, waitlist, hard to get an appointment
- Turned down by a program / kicked out
- Drinking or using drugs
- Felt judged for drug or alcohol use
- Poor treatment by provider / negative experiences with providers
- Don't have substance related services / programs where I live
- Hours of operation were not accessible to me
- Transportation barriers
- Cost / Can't afford the fees
- Childcare barriers, e.g., No place for women with kids or Couldn't find/afford childcare
- Language barriers
- Didn't feel safe going to that site / Dangerous neighbourhood
- Concerns about confidentiality

- Didn't know where to go
- The service moved or closed
- Barrier from partner / partner would not let me go
- Personal or family responsibilities
- Work responsibilities
- Location of the site is highly stigmatized
- Involuntary status disclosure / "everyone will know I'm HIV positive if I go there"
- HIV discrimination by doctors, nurses, other staff
- Don't have a women's only program
- Don't have a culturally specific program (e.g., Indigenous-competent program, trans-competent program)
- 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]

## Section 8: Violence and Abuse

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. I'd like to guide you through these questions. If there is something you prefer not to answer, you are welcome to select "prefer not to answer".

### Interviewer/programmer instructions:

**If S8-01=Yes or S8-03=Yes or S8-05=Yes or S8-07=Yes, participant eligible for questions about receiving support to cope with violence, which include: S8-09, S8-10, and S8-11.**

**If S8-01=No/DK/PNTA and S8-03= No/DK/PNTA and S8-05= No/DK/PNTA and S8-07= No/DK/PNTA, skip these questions and set to 9996. After completing S8-07, these participants will go to the next section (S9-01).**

S8-01. Since your last CHIWOS interview, has someone physically hurt you?  
Select one.

- Yes



- No [Skip to S8-03, and fill with 9996]
- Don't know / Prefer not to answer [Skip to S8-03, and fill with 9996]

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

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

S8-03. Since your last CHIWOS interview, has someone ever insulted, threatened, screamed, or cursed at you?  
Select one.

- Yes
- No [Skip to S8-05, and fill with 9996]
- Don't know / Prefer not to answer [Skip to S8-05, and fill with 9996]

S8-04. [If S8-03 = Yes] In the last 3 months, has someone insulted, threatened, screamed, or cursed at you?  
Select one.

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

S8-05. 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 S8-07, and fill with 9996]
- Don't know / Prefer not to answer [Skip to S8-07, and fill with 9996]

S8-06. [If S8-05 = 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

- Don't know / Prefer not to answer

S8-07. Since your last CHIWOS interview, has someone sexually forced themselves on you, or forced you to have sex?  
Select one.

- Yes
- No [Skip to S8-09, and fill with 9996]
- Don't know / Prefer not to answer [Skip to S8-09, and fill with 9996]

S8-08. [If S8-07 = Yes] In the last three months, has someone sexually forced themselves on you, or forced you to have sex?  
Select one.

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

S8-09. [If S8-01 or S8-03 or S8-05 or S8-07 = Yes] Since your last CHIWOS interview, did you 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, and fill with 9995]
- Prefer not to answer [Skip to S9-01, and fill with 9995]

[Note to programmer: create table with two main columns/questions. S8-11 should remain hidden, unless support(s) are selected from S8-10. If S8-10 = Don't know or Prefer not to answer, fill S8-11 with 9994.]

S8-10. [If S8-09 = All or Some]  
Which of the following supports did you consult? Select all that apply.

S8-11. [Of selected in S8-10]  
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.

		<b>Very helpful</b>	<b>A little bit helpful</b>	<b>Not at all helpful</b>	<b>Prefer not to answer</b>
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: <b>[Other required]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	<input type="checkbox"/> Don't know <b>[Exclusive] [Skip to S9-01, and fill with 9994]</b>	<input type="checkbox"/>			
v.	<input type="checkbox"/> Prefer not to answer <b>[Exclusive] [Skip to S9-01, and fill with 9994]</b>	<input type="checkbox"/>			

**Section 9: Sexual Health**

The next section includes some personal questions about your sexuality, which may apply whether you are having sex or not. Please remember that your responses are confidential and anonymous. I'd like to guide you through these questions. If there is something you prefer not to answer, you are welcome to select "prefer not to answer".

S9-01. In the past 6 months, have you been involved in any type of intimate relationship, whether it included sex or not?  
Select one.

- Yes
- No [Skip to S9-03, and fill 9996]
- Prefer not to answer [Skip to S9-03, and fill 9996]

S9-02. [If S9-01 = Yes] Which of the following best describes the type of relationship you have been involved in?

Please note:

- If you've had more than one romantic or intimate relationship in the past 6 months, please think about your relationship with the person you consider your **primary** partner.
- If you think multiple terms apply, please select the one you feel represents your relationship the best (e.g., think about how you would talk about it to others or yourself).

Select one.

- Married or common-law\* relationship (Husband/wife/spouse/partner relationship)
- "Partner" relationship but not married or common-law\*
- "Boyfriend/girlfriend" relationship
- Dating but not officially in a relationship
- "On and off again" relationship
- "Friend with benefits" relationship (i.e., sex/intimacy between friends without monogamy/commitment)
- "Booty call" relationship (i.e., a late-night sexual encounter arranged for the purpose of sex/intimacy)
- One-night stand (i.e., a sexual relationship lasting only one night without expectations of further relations, often a stranger such as someone you meet at a bar)
- Casual sexual relationship (i.e., distinct from a one-night stand, with more regular sexual relations but no romantic involvement/commitment, and not necessarily just at night or with a friend)
- Transactional relationship (i.e., refers to sexual relationships where the giving of gifts, money, shelter, drugs, food, clothes, or services in return for sex/intimacy is an important factor)
- Polyamory (i.e., an intimate relationship involving multiple partners, all of whom are aware/consenting)
- Swinging/open relationship (i.e., a committed relationship with non-monogamous behaviour, where singles or partners are allowed to have sex with other people as a recreational or social activity)
- Other, please specify \_\_\_\_\_
- Don't know
- Prefer not to answer

S9-03. 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 S9-07, and fill 9996]
- No [Answer S9-04 to S9-05, then skip to S9-14 to S9-18 (all women, regardless of sexual activity), then skip to S9-24 and fill with 9996]
- Prefer not to answer [Answer S9-14 to S9-18 (all women, regardless of sexual activity), then skip to Skip to S9-24, and fill 9996]

S9-04. [If S9-03 = 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
- Don't know
- Prefer not to answer

S9-05. [If S9-03 = No] What are your reasons for not having sex?

Select all that apply.

- I am worried about transmitting HIV
- 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
- 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)
- No sexual partner
- 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 or impotent)
- My partner is sick/not well
- My partner is abusive/violent
- Don't need sex/Satisfied without sex
- Everyday stressors (e.g., work, kids, tired)
- Depression
- Other, please specify: [Other specify required]
- Don't know [Exclusive]

- Prefer not to answer [Exclusive]

S9-06. [If S9-03 = No] For how many consecutive months or years have you abstained from sex? Select one.

- |  |        |   |   |
|--|--------|---|---|
|  | Months | <span style="color: red;">[Exclusive]</span>                        | <span style="color: red;">[Skip to S9-24, and fill 9996]</span> |
|  | Years  | <span style="color: red;">[Exclusive, Allow up to 100 years]</span> | <span style="color: red;">[Skip to S9-24, and fill 9996]</span> |
- Don't know [Exclusive] [Skip to S9-24, and fill 9996]
  - Prefer not to answer [Exclusive] [Skip to S9-24, and fill 9996]

S9-07. [If S9-03 = Yes] How many consensual **regular sexual partner(s)\*** have you had in the past six months?

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

Please note, this question refers to all regular sexual relationships that have existed in the past six months, even if the relationship has since ended. It does **NOT** refer to casual sexual partners\* or paying sexual partners/clients\*.

- Indicate number of partners: [Positive integer required | 1 to 200]
- None, no regular sexual partners [Exclusive] [Skip to S9-13, and fill 9995]
- Don't know [Exclusive] [Skip to S9-13, and fill 9995]
- Prefer not to answer [Exclusive] [Skip to S9-13, and fill 9995]

[Create loop for each partner]

	Sexual Partners (most recent to least recent)				
	1	2	3	4	5
<p>S9-08. <span style="color: red;">[If S9-07 &gt;0]</span> We're now going to ask you some questions about your last 5 consensual <b>regular sexual partners*</b> that you had in the last 6 months (if applicable). Let's begin with your current or most recent partner, then we will ask the same questions about your 2nd, 3rd, 4th and 5th partner (if applicable). Remember that the information you are providing us is very important and completely confidential.</p> <p>What gender* does this sexual partner* currently identify with? Select all that apply.</p>	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 man (Female to Male), including those in transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trans woman (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 <b>[Required]</b>	_____	_____	_____	_____	_____
	Don't know <b>[Exclusive]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer <b>[Exclusive]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>						
S9-09. <b>[If S9-07 &gt;0]</b> 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"/>
<hr/>						
S9-10. <b>[If S9-07 &gt;0]</b> How long have/had you been in this sexual relationship? Indicate number <b>[1 to 200]</b> :						
	Months	_____	_____	_____	_____	_____
	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 <b>[Exclusive]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer <b>[Exclusive]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>						
S9-12a <b>[If S9-07 &gt;0]</b> 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.						
	Adhering to ARVs* to suppress my viral load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male condom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Female condom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PrEP (pre-exposure prophylaxis)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PEP (post-exposure prophylaxis)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HIV-positive partner (sero-sorting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No penetrative sex (i.e., avoided anal and vaginal sex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please specify <b>[Other specify required]</b>	_____	_____	_____	_____	_____
	None <b>[Exclusive]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Don't know <b>[Exclusive]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer <b>[Exclusive]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>						
S9-12b. <b>[If S9-07 &gt;0]</b> How much do you worry about transmitting HIV to your partner? (This may include HIV if your partner is negative, your/their strain of HIV if your partner is positive)						
Select one.						
	I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I worry a little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I don't really worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not worried at all	<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"/>
S9-12c. [If S9-07 >0] How much do you worry about acquiring other STIs from your partner? Select one.					
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't really worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not worried at all	<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"/>
S9-12d. [If S9-07 >0] How much do you worry about transmitting other STIs to your partner? Select one.					
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't really worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not worried at all	<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"/>

S9-13. How many consensual **casual sexual partner(s)\*** have you had in the past six months?

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

Please note, this question refers to all casual sexual relationships that have existed in the past six months, even if the relationship has since ended. It does **NOT** refer to regular sexual partners\* or paying sexual partners/clients\*.

- Indicate number of partners: \_\_\_\_\_ [Positive integer required | 1 to 200]
- None, no casual sexual partners [Exclusive]
- Don't know [Exclusive]
- Prefer not to answer [Exclusive]

**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.**

S9-14. [All women, regardless of sexual activity, should be eligible for S9-14 to S9-18] In the past 6 months, have you been provided with any of the following in exchange for sex?  
Select all that apply.



- Money
- Drugs (e.g., alcohol, cannabis, illegal drugs)
- Shelter
- Food
- Gifts
- Clothes
- Services
- Other, please specify: \_\_\_\_\_
- Have not been provided with anything in exchange for sex in the past 6 months [Exclusive]  
[Skip to S9-19a, and fill with 9995]
- Don't know [Exclusive] [Skip to S9-19a, and fill with 9995]
- Prefer not to answer [Exclusive] [Skip to S9-19a, and fill with 9995]

S9-15. [S9-14 = 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, services, or other items.

- Indicate average number of clients per week: [Positive integer required | 1 to 1000]
- <1 per week [Exclusive]
- I do not have clients [Exclusive] [Skip to S9-19a, and fill with 9994]
- Don't know [Exclusive] [Skip to S9-19a, and fill with 9994]
- Prefer not to answer [Exclusive] [Skip to S9-19a, and fill with 9994]

S9-16. [S9-15 = have clients] Have you experienced violence from a sex work client in the last six months?  
Select one.

- Yes
- No [Skip to S9-18, and fill with 9993]
- Don't Know [Skip to S9-18, and fill with 9993]
- Prefer not to answer [Skip to S9-18, and fill with 9993]

S9-17a. [S9-16 = Yes] If you are comfortable answering this, can I ask you what kinds of violence you have experienced? This information is important to educate the public about experiences of violence and advocate for better programs and policies to prevent violence and support survivors.  
Select all that apply.

- No, prefer not to answer the type of violence [Exclusive]
- Verbal harassment

- Physical assault or beating
- Rape or sexual assault
- Assault with a weapon
- Strangling
- Abduction or kidnap
- Attempted sexual assault
- Thrown out of a moving car
- Robbed
- Other [Please specify] [Other required]

S9-17b. **[S9-16 = Yes]** Did you report the abuse or violence you experienced over the past 6 months to the police?  
Select one.

- Yes, all of the time
- Yes, some of the time
- No
- Prefer not to answer

S9-18. **[S9-15 = have clients]** For the following questions please respond by indicating “yes”, “no”, or “sometimes”:  
Select one per row.

	Yes	No	Sometimes	Don't know	Prefer not to answer
a. Do you hide involvement in sex work from family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you hide involvement in sex work from your doctor or health care provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you believe that sex work is shameful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S9-19a. **[If S9-03 = Yes]** Have you been sexually active during the past month?

This includes any type of sexual intercourse you willing engaged in, including getting or giving oral sex, vaginal sex, and/or anal sex with people of any gender.

Select one.

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

S9-19b. **[If S9-03 = 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"/>

**The remaining questions in this section are about your sexuality as a women living with HIV, which may apply whether you are having sex with a partner or not. Your answers are confidential.**

S9-24. **[All participants]** In the past 6 months, have you ever masturbated alone (stimulated your

body for sexual pleasure, whether or not you had an orgasm)?  
Select one.

- Yes
- No
- Prefer not to answer

**Note to programmer: If S9-03=No AND S9-24=No, then skip skip to S9-27, and fill S9-25 and S9-26 with 9996.**

S9-25. **[All participants] In the past 6 months**, have you ever used a vibrator or other sex toys?  
Select one.

- Yes
- No
- Prefer not to answer.

S9-26. **[All participants] During the past ONE 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 (solo or partnered) during the past month
- Prefer not to answer

S9-27. **[All participants] 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

S9-28. **[All participants] 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

S9-29. **[All participants]** 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

S9-30. **[All participants]** 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

S9-32. **[All participants]** 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

**[Note to programmer: create table with two main columns/questions. S9-34 should remain hidden, unless concerns are selected from S9-33. If S9-33 = Don't know or Prefer not to answer, fill S9-34 with 9996.]**

S9-33. Since knowing your HIV status, have you **ever** experienced any concerns about your sexual wellbeing?

Select all that apply.

S9-34. [Of selected in S9-33]

How much distress, if any, did this concern cause you?

Select one per line.

	No distress	Mild distress	Moderate distress	Severe distress	Prefer not to answer
a. <input type="checkbox"/> Sexual self-esteem (e.g., feeling dirty, sexually unattractive, poor body image, shame, guilt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Emotional aspects of sex (e.g., anxieties, inhibitions, lack of pleasure, dissatisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Physical aspects of sex (e.g., kissing, touching, behaviours, practices, techniques)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Sexual function (e.g., loss of desire, difficulties with orgasm, pain during sex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Relationships (e.g., not finding a partner, abusive partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <input type="checkbox"/> Other, please specify: [Other required]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <input type="checkbox"/> Other, please specify: [Other required]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <input type="checkbox"/> I have not experienced any concerns [Exclusive] [Skip to S9-035 and fill with 9996]					
i. <input type="checkbox"/> Don't know [Exclusive] [Skip to S9-035 and fill with 9996]					
j. <input type="checkbox"/> Prefer not to answer [Exclusive] [Skip to S9-35, and fill with 9996]					

S9-35. Since knowing your HIV status, have you **ever** talked to anyone about the impact of living with HIV on your sexual wellbeing? This may include partners, friends, or healthcare providers.

For the purposes of this question, this does **NOT** include discussions about safer sex strategies to minimize HIV transmission like condom use or having a low viral load.

If yes, please indicate what areas of concern were discussed.

Select all that apply.

- Sexual self-esteem (e.g., feeling dirty, sexually unattractive, poor body image, shame, guilt)
- Emotional aspects of sex (e.g., anxieties, inhibitions, lack of pleasure, dissatisfaction)
- Physical aspects of sex (e.g., kissing, touching, behaviours, practices, techniques)
- Sexual function (e.g., loss of desire, difficulties with orgasm, pain during sex)
- Relationships (e.g., not finding a partner, abusive partner)
- Other, please specify: [Other required]
- Other, please specify: [Other required]
- I have never talked to anyone about these aspects of sexuality [Exclusive]

Prefer not to answer

[Exclusive]

S9-36. [If S9-35=any selected]

Which of the following people did you talk to about these concerns?

Select all that apply.

S9-37. [Of selected in S9-36]

Of the people you talked to, how useful were they in helping you cope with your experience?

Select one per line.

		Very helpful	A little bit helpful	Not at all helpful	Prefer not to answer
a.	<input type="checkbox"/> Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/> Peers/women living with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/> Other friends (not living with HIV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/> HIV physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/> Family doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/> Nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/> Counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/> Social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/> Peer worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	<input type="checkbox"/> Community worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	<input type="checkbox"/> Therapist who specializes in women's sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	<input type="checkbox"/> Therapist who specializes in trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	<input type="checkbox"/> Other, please specify: [Other required]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	<input type="checkbox"/> Other, please specify: [Other required]				
o.	<input type="checkbox"/> No one [Exclusive] [Skip to S9-38, and fill with 9996]				
p.	<input type="checkbox"/> Don't know [Exclusive] Skip to S9-38, and fill with 9996]				
q.	<input type="checkbox"/> Prefer not to answer [Exclusive] [Skip to S9-38, and fill with 9996]				

S9-38. **[ask to everyone]** Who (if anyone) would you *feel most comfortable* talking to about concerns related to your sexual wellbeing?  
 Select all that apply.

- Partner
- Peers/women living with HIV
- Other friends (not living with HIV)
- Peer worker (e.g., peer navigator, peer counsellor)
- HIV physician
- Family doctor
- Nursing staff
- Counsellor
- Social worker
- Community worker
- Therapist who specializes in women’s sexuality
- Therapist who specializes in trauma
- Other, please specify: **[Other required]**
- Other, please specify: **[Other required]**
- No one **[Exclusive]**
- Don't know **[Exclusive]**
- Prefer not to answer **[Exclusive]**

**Section 10: Resiliency**

This is the final section of the survey. It contains some important questions about resiliency and should take only 2-3 minutes to complete. Please go through the questions carefully. There will then be an opportunity to offer any feedback or comments on the survey.

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 difficulty before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Survey Completed. Thank you so much!

S10-03      If you have any final comments, please indicate them below. We greatly value the feedback of our participants.

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