**Data entry (Sign) \_\_\_\_\_\_\_\_**

**Ashodaya Samithi**

**PrEP demonstration project**

**6D. Follow-up questionnaire for women who discontinue PrEP**

**Follow-up and exit visits after PrEP discontinuation**

**Site:**

**Participant unique ID number:**

**TI number: \_\_ (1: FSW1 TI, Mysore, 2: FSW2 TI, Mysore, 3: Rural CC TI, Mysore,**

 **4: FSW TI, Mandya)**

**Date:**

**Visit number: 1. End of Month 1, 2. End of Month 3, 3. End of Month 6,**

 **4. End of Month 9, 5. End of Month 12 6. End of Month 15**

 **96. Other specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if the visit doesn’t fall in the**

 **scheduled visits)**

**Name and designation of person completing this form:**

***Note:*** This form should be used for visits *after* the visit when PrEP has been discontinued; for the visit at which the participant says she no longer wants to take PrEP, use the normalvisit form(to record adherence prior to stopping PrEP, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Topic** | **Question** | **Answer choices** | **Notes** |
| **Socio-demographic characteristics** |
| 1 | Current residence | Where do you currently live?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/town/village/neighborhood |  |
| 2 | Sex work status | Have you received goods or money in exchange for sex in the past 3 months? | 1. Yes2. No |  |
| 3 | Sex work location | Where do you usually practice sex work?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/town/village/neighborhood |  |
| 4 | Frequency of clients | In the past week, approximately how many occasional and repeat clients did you have? | Occasional clients\_\_\_\_Repeat clients\_\_\_\_ 97. Refused | Assist her to quantify if necessary |
| 5 | Frequency of sex work | In the past month, approximately how many days did you do sex work? | Number\_\_\_\_\_  97. Refused | Assist her to quantify if necessary |
| 6 | Income | In the past month, what was your average monthly income? (Include sex work and other work.) | Number (rupees)\_\_\_97. Refused | Assist her to quantify if necessary |
| 7 | Mobility | In the past month, did you spend more than 10 days away from your main city/town of residence?  | 1. Yes2. No97. Refused |  |
| 8 | Marital status | What is your current marital status?  | 1. Never Married,2. Married,3. Widow / Widower,4. Divorced,5. Separated,97. Refused. |  |
| **Service use** |
| 9 | Clinic visit | In the past 3 months, have you been seen at the Ashodaya/DMSC clinic (other than for PrEP)? | 1. Yes2. No97. Refused |  |
| 10 | Peer educator visit | In the past 3 months, have you been visited by or talked with an Ashodaya/DMSC peer educator (other than for PrEP)?  | 1. Yes2. No97. Refused |  |
| 11 | STI testing | In the past 3 months, have you been tested for a sexually transmitted infection (STI) (at Ashodaya/ DMSC or anywhere)? | 1. Yes2. No97. Refused98. Don’t know |  |
| 12 | STI treatment | In the past 3 months, have you been treated for an STI (at Ashodaya/ DMSC or anywhere)? | 1. Yes2. No97. Refused98. Don’t know |  |
| **Sexual behaviors** |
| INTERVIEWER: I’m going to ask you some questions about your **occasional clients**. Please remember, a new/occasional client is a paying client who has come to you once or a few times in the last one month and who gave you money or gifts in return for sex, but you do not remember their face or you do not know them. |
| 13 | Consistent condom use – occasional clients | In the past week, how often did you use a condom when you had sex with occasional clients? | 1. Never2. Sometimes3. Most of the time4. Every time99. NA |  |
| 14 | Condom use last sex – occasional client  | Did you use acondom the last time you had sex with an occasional client?  | 1. Yes2. No 99. NA |  |
| 15 | Anal sex – occasional client | In the past month, have you had anal sex with any of your occasional clients? | 1. Yes2. No 97. Refused 99. NA | Go to 17Go to 17Go to 17 |
| 16 | Condom use anal sex – occasional client | Did the occasional client you last had anal sex with use a condom? | 1. Yes2. No97. Refused | If yes to anal sex – occasional client |
| INTERVIEWER: I’m going to ask you some questions about your **regular clients**. Please remember, a regular or repeat client is a paying client who comes to you repeatedly and you recognize well; someone who gives you money or gifts in return for sex. |
| 17 | Consistent condom use – regular clients | In the past week, how often did you use a condom when you had sex with regular clients? | 1. Never2. Sometimes3. Most of the time4. Every time99. NA |  |
| 18 | Condom use last sex – regular client  | Did you use a condom the last time you had sex with a regular client?  | 1. Yes2. No 99. NA |  |
| 19 | Anal sex – regular client | In the past month, have you had anal sex with any of your regular clients? | 1. Yes2. No 97. Refused 99. NA | Go to 21Go to 21Go to 21 |
| 20 | Condom use anal sex – regular client | Did the regular client you last had anal sex with use a condom? | 1. Yes2. No97. Refused | If yes to anal sex – regular client; |
| INTERVIEWER: Now I am going to ask you some questions about your **non-paying partners;** individuals that you don't consider to be clients. As mentioned previously, a non-paying partner is a non-commercial partner, someone who does not give you money or gifts in return for sex and someone for whom you feel an emotional attachment. This may be a husband or boyfriend. |
| 21 | Regular partner | Do you currently have a regular non-paying sexual partner (husband/boyfriend)? | 1. Yes2. No  |  Go to 26 |
| 22 | Consistent condom use – regular partner | In the past week, how often did you use a condom when you had sex with your husband/boyfriend? | 1. Never2. Sometimes3. Most of the time4. Every time99. NA |  |
| 23 | Condom use last sex – regular partner | Did you use a condom the last time you had sex with your husband/boyfriend?  | 1. Yes2. No99. NA |  |
| 24 | Anal sex – regular partner | In the past month, have you had anal sex with your husband/boyfriend? | 1. Yes2. No 97. Refused 99. NA | Go to 26Go to 26Go to 26 |
| 25 | Condom use anal sex – regular partner | When you last had anal sex with your husband/boyfriend, did he use a condom?  | 1. Yes2. No97. Refused | If yes to anal sex – regular partner;  |
| **Risk perceptions** |
| 26 | HIV risk perception | What would you say are your chances of getting infected with HIV? | 1. No chances at all 2. Low 3. Moderate 4. High 97. Refused  98. Don’t know |  |
| 27 | Reasons for risk perception | What are the reasons you gave for your answer to the previous question [HIV risk perception]? | 1. Free text response\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 97. Refused 98. Don’t know | Free text responses: |
| 28 | Partner HIV status knowledge | Do you know the HIV status of your husband/boyfriend?  | 1. Yes2. No97. Refused99. NA | Go to 31 Go to 31Go to 31 |
| 29 | Partner HIV status | If yes, is your husband/boyfriend |  1. HIV-positive 2. HIV-negative97. Refused98. Don’t know | Go to 31Go to 31Go to 31 |
| 30 | Partner ART status | If HIV-positive, is your husband/boyfriend currently on HIV treatment (ARVs)?  | 1. Yes2. No97. Refused |  |
| **Alcohol and drug use** |
| 31 | Alcohol consumption | Do you consume alcohol? | 1. Yes2. No97. Refused | Go to 34Go to 34 |
| 32 | Alcohol frequency | How many days in a week do you consume alcohol?  | Number(1 to 7)\_\_\_\_\_\_\_97. Refused98. Don’t know/can’t  remember  | If yes to alcohol use;  |
| 33 | Alcohol amount | How often do you have a quarter bottle or more on one occasion? | 1. Monthly or less2. 2-4 times a month3. 2-3 times per week4. 4 + times per week 97. Refused  98. Don't know | If yes to alcohol use;  |
| 34 | Drug use | Did you use drugs during the last 3 months? | 1. Yes2. No97. Refused | Go to 37Go to 37 |
| 35 | Injection drug use | Among the drugs you have used in the past 3 months, are there some that you injected? | 1. Yes2. No97. Refused | Go to 37Go to 37 |
| 36 | Needle/ syringe type | In the past 3 months, which types of needles/syringes did you use to inject drugs?  | a. New needle/syringe b. Used needle/syringe  (only by yourself)c. Used needle/syringe  (previously used by  someone else)  97. Refused 98. Don’t know/can’t  remember | If yes to drug use and injection; Note: can choose, multiple responses  |
| **Contraceptive use/fertility intentions** |
| 37 | Contraceptive use | Are you currently using contraception | 1. Yes2. No3. No (Trying to  conceive) 97. Refused |  Go to 40 Go to 40 Go to 40 |
| 38 | Contraceptive method | What contraceptive methods are you currently using?  | a. None, b. Oral contraceptives (pill), c. Injectable, d. IUD,e. Condom,f. Implants ,g. Sterilization,  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 97. Refused | If yes to contraceptive use; Note: can choose multiple methods |
| 39 | Fertility intentions | Are you planning to become pregnant in the near future?  | 1. Yes2. No 97. Refused |  |
| **Violence** |
| INTERVIEWER: Now I am going to ask you some questions about your personal experience with violence. These questions can be sensitive and you can refuse to answer any question that makes you feel uncomfortable. |
| 40 | Physical violence | In the last 3 months, how many times would you say someone has beaten (hurt, hit, slapped, pushed, kicked, punched, choked, burned but not used weapon) you? | 1. Once2. 2-5 times3. 6-10 times4. 11 or more times5. Never 96. Other (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 97. Refused 98 Don't know |  |
| 41 | Sexual violence | In the last 3 months, did anyone ever force you to have sex with them by sexually assaulting or raping you? | 1. Yes2. No97. Refused |  |
| 42 | Violence services | In the last 3 months, have you used the DMSC/Ashodaya violence intervention program services?  | 1. Yes2. No97. Refused |  |
| **PrEP Discontinue**  |
| 43 | Previous pill consumption | When did you last have PrEP pill? | \_\_\_\_\_\_ days ago\_\_\_\_\_\_ weeks ago 96. Other (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 97. Refused  |  |
| 44 | Discontinue reason | Why did you discontinue taking PrEP pills? | 1. Side effects 96. Other (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 97. Refused | Go to 46Go to 46 |
| 45 | Side effects – which | What side effects have you experienced? (Check all that apply) |  | On going | Resolved |  |
| a. Nausea b.Vomitingc. Fatigued. Dizziness e.Headachef. Rashg.Abdominl  painh. Weight  loss 96.Other, specify97. Refused |  |  |
| **PrEP restart** |
| 46 | Restart PrEP | Would you like to start taking PrEP again?  | 1. Yes

2. No | If yes, refer to clinical monitoring  |
| 47 | Restart reason | If yes, why have you decided to start taking PrEP again?  | 1. Free text response\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 97. Refused 98. Don’t know99. NA | If yes to restarting PrEP |