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

**Ashodaya Samithi**

**PrEP demonstration project**

**6B.Follow-up questionnaire**

**Follow-up visits (not including final visit at end of month 15)**

**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**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **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. Yes  2. No | | |  |
| 3 | Sex work location | | Where do you usually practice sex work? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/town/village/neighborhood | | |  |
| 4 | Frequency of clients | | In the past month, approximately how many occasional and repeat clients did you have in a day? | 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. Yes  2. No  97. 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. Yes  2. No  97. 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. Yes  2. No  97. 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. Yes  2. No  97. Refused  98. Don’t know | | |  |
| 12 | STI treatment | | In the past 3 months, have you been treated for an STI (at Ashodaya/ DMSC or anywhere)? | 1. Yes  2. No  97. Refused  98. 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. Never  2. Sometimes  3. Most of the time  4. Every time  99. NA | | |  |
| 14 | Condom use last sex – occasional client | | Did you use a  condom the last time you had sex with an occasional client? | 1. Yes  2. No  99. NA | | |  |
| 15 | Anal sex – occasional client | | In the past month, have you had anal sex with any of your occasional clients? | 1. Yes  2. No  97. Refused  99. NA | | | Go to 17  Go to 17  Go to 17 |
| 16 | Condom use anal sex – occasional client | | Did the occasional client you last had anal sex with use a condom? | 1. Yes  2. No  97. 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. Never  2. Sometimes  3. Most of the time  4. Every time  99. NA | | |  |
| 18 | Condom use last sex – regular client | | Did you use a condom the last time you had sex with a regular client? | 1. Yes  2. No  99. NA | | |  |
| 19 | Anal sex – regular client | | In the past month, have you had anal sex with any of your regular clients? | 1. Yes  2. No  97. Refused  99. NA | | | Go to 21  Go to 21  Go to 21 |
| 20 | Condom use anal sex – regular client | | Did the regular client you last had anal sex with use a condom? | 1. Yes  2. No  97. 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. Yes  2. 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. Never  2. Sometimes  3. Most of the time  4. Every time  99. NA | | |  |
| 23 | Condom use last sex – regular partner | | Did you use a condom the last time you had sex with your husband/boyfriend? | 1. Yes  2. No  99. NA | | |  |
| 24 | Anal sex – regular partner | | In the past month, have you had anal sex with your husband/boyfriend? | 1. Yes  2. No  97. Refused  99. NA | | | Go to 26  Go to 26  Go 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. Yes  2. No  97. 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. Yes  2. No  97. Refused  99. NA | | | Go to 31  Go to 31  Go to 31 |
| 29 | Partner HIV status | | If yes, is your husband/boyfriend | 1. HIV-positive  2. HIV-negative  97. Refused  98. Don’t know | | | Go to 31  Go to 31  Go to 31 |
| 30 | Partner ART status | | If HIV-positive, is your husband/boyfriend currently on HIV treatment (ARVs)? | 1. Yes  2. No  97. Refused | | |  |
| **Alcohol and drug use** | | | | | | | |
| 31 | Alcohol consumption | | Do you consume alcohol? | 1. Yes  2. No  97. Refused | | | Go to 34  Go to 34 |
| 32 | Alcohol frequency | | How many days in a week do you consume alcohol? | Number(1 to 7)\_\_\_\_\_\_\_  97. Refused  98. 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 less  2. 2-4 times a month  3. 2-3 times per week  4. 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. Yes  2. No  97. Refused | | | Go to 37  Go to 37 |
| 35 | Injection drug use | | Among the drugs you have used in the past 3 months, are there some that you injected? | 1. Yes  2. No  97. Refused | | | Go to 37  Go 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. Yes  2. No  3. 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. Yes  2. 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. Once  2. 2-5 times  3. 6-10 times  4. 11 or more times  5. 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. Yes  2. No  97. Refused | | |  |
| 42 | Violence services | | In the last 3 months, have you used the DMSC/Ashodaya violence intervention program services? | 1. Yes  2. No  97. Refused | | |  |
| **PrEP experience** | | | | | | | |
| 43 | Side effects – yes/no | | In the last 3 months, have you experienced any side effects as a result of taking PrEP? | 1. Yes  2. No  97. Refused | | | Go to 45  Go to 45 |
| 44 | Side effects – which | | What side effects have you experienced? (Check all that apply) |  | On going | Resolved | Note: can choose multiple side effects |
| a. Nausea  b.Vomiting  c. Fatigue  d. Dizziness  e.Headache  f. Rash  g.Abdominal  pain  h. Weight  loss  96.Other, specify  97. Refused |  |  |
| **PrEP adherence** | | | | | | | |
| 45 | | Ability to take pill | Please rate your ability, over the past month, to take pills exactly as you were instructed. | 1. Very poor 2. Poor 3. Fair 4. Good 5. Very good 6. Excellent | | |  |
| 46 | | Recalling taking pill | I will now ask about taking pills in the **past 7 days, not including today**. I will ask about each of the past seven days, starting with yesterday (x-day).  We are most **interested in knowing on how many days you took the pill. Soif you cannot remember** which day(s) **exactly you** did or did not take the **pill**, please guess. If you missed **some** days, we prefer that you indicate this even if you cannot remember exactly which days you missed.  Yesterday (x-day) did you take a pill? | Yesterday, Day 1:  1. Yes  2. No  98. Don’t remember  Day 2:  1. Yes  2. No  98. Don’t remember  Day 3  1. Yes  2. No  98. Don’t remember  Day 4  1. Yes  2. No  98. Don’t remember  Day 5  1. Yes  2. No  98. Don’t remember  Day 6  1. Yes  2. No  98. Don’t remember  Day 7  1. Yes  2. No  98. Don’t remember | | | ***NOTE: Repeat going backwards 7 days starting with yesterday.*** |
| 47 | | Pill interference with regular activities | Does taking pills interfere with any of your regular daily activities? | 1. Yes  2. No | | |  |
| 48 | | Time of pill consumption | In the past month, what time of day do you typically take your pill? | 1. Morning  2. Afternoon  3. Evening  96. Other, specify\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| 49 | | Frequency of pill consumption | In the past month, how often did you take your pill at about the same time each day? | 1. Always 2. Sometimes 3. Never | | |  |
| 50 | | Remembering to take pill | In the past month, what has helped you remember to take your pill? | 1. Nothing 2. Calendar 3. Alarm/cell phone/pager 4. Pill box 5. Husband/boyfriend/ primary partner 6. Family member or friend 7. Association with a daily activity 8. Association with having sex 9. Association with taking oral contraception   10. Association with taking other pills or medication  11. Daily visit from outreach worker  96. Other,specify\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| 50a | | Disclose to others | Who have you disclosed that "you are taking PrEP medication?" | a. No one  b. Husband/Boy friend  c. Other sex workers  d. Mother or father  e. Children  f. Other family member  g. Neighbors  h. Friends  96. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  97. Refused | | | Note: can choose, multiple responses |
| 51 | | Reasons keeping one from taking pill | Different circumstances may prevent women from taking their pill daily. Think about your experience in the past month. Please tell me all of the reasons that kept you from taking your pill. | a. N/A, I took pill every day  b. I did not have pill with me  c. I felt sick/was concerned about  getting sick  d. I had side effects from pills  e. I ran out of or lost pills  f. I got tired of taking a pill  everyday  g. I gave/sold/traded pills to  someone else  h. I had a change in daily routine  i. I forgot or was too busy  j. I had my period (menses)  k. I did not have sex/did not intend  to have sex  l. I had difficulty swallowing the  pill  m. I didn’t like the pill/taste of the  pill  n. Someone took/stole some of  my pills  o. My husband/ boyfriend/primary  partner did not approve of me  taking the pill  p. My family or friends did not  approve of me taking the pill  96. Other, specify\_\_\_\_\_\_\_\_\_\_\_ | | | Note: can choose, multiple responses |
| 52 | | Longest period of not taking pill | In the past month, what is the longest number of days in a row which you did not take your pill? | \_\_\_ (number in days)  98. Don’t know | | | Write ‘0’ if she took pill every day |
| 53 | | More than one pill a day | In the past month, how often did you take more than one pill in a day? | 1. Always 2. Sometimes 3. Never | | |  |
| 54 | | Sharing of Products | In the past month, how many of your pills did you give away, exchange, trade or sell? | 1. All of them 2. Most of them 3. Some of them 4. None of them | | | Go to 56 |
| 55 | | Sharing of products: who | Who did you give away, exchange, trade, or sell your pills to? | a. Husband/ boyfriend/ primary  partner  b. Another sex worker  c. Family member/ relative/  Friend  96. Other, specify\_\_\_\_\_\_\_\_\_\_\_ | | | Note: can choose, multiple responses |
| 56 | | Continue PrEP | Do you want to continue taking PrEP for the next month? | 1. Yes 2. No | | | Go to 58 |
| 57 | | Reason for discontinuation | If no, why not? | a. I will not be doing sex work  b. I do not like taking PrEP  c. I get side effects from taking  PrEP  d. I find it too difficult to  remember to take PrEP  96.Other, specify\_\_\_\_\_\_\_\_\_\_\_ | | | Note: can choose, multiple responses |
| 58 | | Delivery method | What PrEP delivery method would you like to use for the next month? | 1. Direct delivery  2. Weekly clinic pick-up  96.Other, specify\_\_\_\_\_\_\_\_\_\_\_ | | |  |