HPTN 082 Baseline Survey

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HPTN 082 Baseline Survey

# Login

Please enter a valid Participant ID in the following format: 111-11111-1

**PTID:** [11 digits]

# Introduction

Show if: Always shown

Thank you for joining this study. The following survey will ask you questions about your life, your beliefs, and your behavior.

Some of the questions ask about behavior that you may consider to be private or confidential. We are asking these questions because your answers could help us to understand whether PrEP could help to slow the spread of HIV in your community. The information you provide is an important contribution to this study and will be kept confidential.

You can skip any question that makes you feel uncomfortable or stop taking the survey at any time.

Please do not use the browser back button to move through this survey as it may cause your answers to be lost. Only use the survey "Previous” and "Next" buttons at the bottom of each page to move through the survey.

The survey will take about 30-40 minutes to complete.

If you have questions or need assistance, please let a member of the study staff know.

# Housing

Show if: Always shown

Do you have a regular place where you stay and store your things? V: REGPLACE

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: REGPLACE = 1/Yes

On average, how many nights do you sleep in your regular place every **week**? V: NUMNIGHTS

* # of nights [1 digit]
* 99 = Prefer not to answer

Show if: REGPLACE = 1/Yes

Is the place you stayed last night your regular place to stay? V: LASTNIGHT

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

With whom do you live? (*Mark all that apply.)* V: LIVEWITH

* Partner V: PARTNER
* Parent(s) V: PARENTS
* Sibling(s) V: SIBLINGS
* Alone V: ALONE
* With own children V: CHILDREN
* Roommate(s) V: ROOMMATES
* Other, specify: [100 characters] V: LVWITHOTH
* 99 = Prefer not to answer

# Food Security

Show if: Always shown

In the past **year**, how frequently did you worry that your household would not have enough food? V: NOFOOD

* 0 = Never worried
* 1 = Sometimes worried
* 2 = Often worried
* 99 = Prefer not to answer

# Social Support

Show if: Always shown

In general, how supported do you feel by the adults in your life? V: SPPTADULTS

* 1 = Almost never supported
* 2 = Sometimes supported
* 3 = Very well supported
* 99 = Prefer not to answer

Show if: Always shown

In general, how supported do you feel by your close friends? V: SPPTFRIEND

* 1 = Almost never supported
* 2 = Sometimes supported
* 3 = Very well supported
* 99 = Prefer not to answer

Show if: Always shown

I feel comfortable talking to my close friends about my sexual relationships. V: TALKSEX

* 1 = Strongly disagree
* 2 = Disagree
* 3 = Agree
* 4 = Strongly agree
* 99 = Prefer not to answer

Show if: Always shown

I feel comfortable talking to my close friends about health related issues. V: TALKHEALTH

* 1 = Strongly disagree
* 2 = Disagree
* 3 = Agree
* 4 = Strongly agree
* 99 = Prefer not to answer

Show if: Always shown

In the past month did you ask a close friend for help (help means asking for relationship advice, health advice, to borrow money or other things)? V: ASKHELP

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

In the past month did a close friend encourage you to start or find out about PrEP? V: ENCRGYOU

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

In the past month did you encourage a friend to start or find out about PrEP? V: ENCRGFRND

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

# Hope for the Future Scale

Show if: Always shown

Now we would like to ask you some questions about your future and your hope for success. Please tell us how much you agree with the following statements about yourself: V: HOPE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 = I totally disagree | 2 = I disagree | 3 = I agree | 4 = I totally agree | 99 = Prefer not to answer |
| I know that my life will be better in the future. V: HFSLIFEBTR |  |  |  |  |  |
| The important people in my life tell me that I will have a successful life. V: HFSPPLTELL |  |  |  |  |  |
| I trust that I will achieve the goals that I set for myself. V: HFSGOAL |  |  |  |  |  |
| I believe that I will be successful even when there are difficulties in my life now. V: HFSDIFFCLT |  |  |  |  |  |
| I believe that the things I am doing now are preparing me for what I want in the future. V: HFSPREPAR |  |  |  |  |  |
| I can achieve my dreams if I focus on them. V: HFSDREAM |  |  |  |  |  |

# Fertility Intentions and Contraception Use

Show if: Always shown

How important is it for you to not get pregnant now? V: NOTGETPREG

* 0 = Not important
* 1 = Somewhat important
* 2 = Very important
* 99 = Prefer not to answer

Show if: Always shown

Compared to the other things in your life, how much do you worry about getting pregnant? V: PREGWORRY

* 0 = Not at all
* 1 = Somewhat
* 2 = A lot
* 99 = Prefer not to answer

Show if: Always shown

How would you describe your chances of getting pregnant in the next year? V: PREGCHANCE

* 0 = No risk at all
* 1 = Small chance
* 2 = Moderate chance
* 3 = Great chance
* 99 = Prefer not to answer

Show if: Always shown

Have you ever been pregnant? V: BEENPREG

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: BEENPREG = 1/Yes

If yes, how many times? V: NUMPREG

* # of times [2 digits]
* 99 = Prefer not to answer

Show if: BEENPREG = 1/Yes

Have you ever given birth? V: GIVEBIRTH

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: GIVEBIRTH = 1/Yes

If yes, how many times? V: NUMBIRTH

* # of times [2 digits]
* 99 = Prefer not to answer

# Risk Perception

Show if: Always shown

How would you describe your chances of getting HIV in the next year? V: HIVRISKYR

* 0 = No risk at all
* 1 = Small chance
* 2 = Moderate chance
* 3 = Great chance
* 99 = Prefer not to answer

Show if: Always shown

How would you describe your female friends’ (your girlfriends) chances of getting HIV/AIDS in the next year? V: FRNDRISK

* 0 = No risk at all
* 1 = Small chance
* 2 = Moderate chance
* 3 = Great chance
* 99 = Prefer not to answer

# Sexual Behavior and Partner Characteristics

Show if: Always shown

The following questions are about times that you had different types of sex **because you wanted to**, not because you were forced or pressured to have sex.

Let’s briefly go over the definitions of some terms so that you understand what is being asked. For vaginal sex, we mean when a man or boy puts his penis into your vagina. For anal sex, we mean when a man or boy puts his penis into your anus or butt.

Please answer the following questions as honestly as you can. Remember that your answers are confidential.

Show if: Always shown

At any time during the past **3 months**, have you had a primary sex partner? By primary sex partner, we mean a man or boy you have sex with on a regular basis or who you consider to be your main partner. V: MAINPTNR

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: MAINPTNR = 1/Yes

We’d like to know more about your relationship and the person that you have sex with regularly i.e. your primary sex partner.

Show if: MAINPTNR = 1/Yes

How old, in years, is your primary partner? V: MPAGE

* # of years [2 digits]
* 99 = Prefer not to answer

Show if: MAINPTNR = 1/Yes

How long (in months) have you been with your partner? (Only add the months you were together, remove any months there was a break in the relationship.) V: MPTIME

* # of months [3 digits]
* 999 = Prefer not to answer

Show if: MAINPTNR = 1/Yes

Have you talked with your primary sex partner about his HIV status? V: MPTALKHIV

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: MAINPTNR = 1/Yes AND MPTALKHIV = 1/Yes

Have you and your partner tested together for HIV? V: MPTESTHIV

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: MAINPTNR = 1/Yes AND MPTALKHIV = 1/Yes

What is the HIV status of your primary sex partner? V: MPHIVSTAT

* 1 = HIV negative
* 2 = HIV positive
* 77 = Don’t know
* 3 = He doesn’t know
* 99 = Prefer not to answer

Show if: MAINPTNR = 1/Yes AND MPTALKHIV = 1/Yes AND MPHIVSTAT = 2/HIV positive

Some people infected with the HIV virus are prescribed medication called antiretrovirals or ARVs by a doctor or a nurse to help them live longer. Is your primary sex partner taking ARVs? V: MPART

1 = Yes

0 = No

77 = Don't know

99 = Prefer not to answer

Show if: MAINPTNR = 1/Yes

Do you think your primary sex partner had sex with anyone besides you in the past **3 months**? V: MPOTHSEX

* 1 = Yes
* 0 = No
* 77 = Don't know
* 99 = Prefer not to answer

Show if: Always shown

In the past month, how many times have you had vaginal sex? By vaginal sex, we mean when a man or boy puts his penis into your vagina. V: VSXMONTH

* # of times [3 digits]
* 999 = Prefer not to answer

Show if: VSXMONTH > 0 AND VSXMONTH ≠ 999

Some people find it difficult to use condoms every time they have sex. In the past month, how often was a condom used during vaginal sex? V: VSXCNDMO

* 0 = Never
* 1 = Rarely
* 2 = Sometimes
* 3 = Often
* 4 = Always
* 99 = Prefer not to answer

Show if: VSXMONTH > 0 AND VSXMONTH ≠ 999

Was a condom used the last time you had vaginal sex? V: VSXCNDLAST

* 1 = Yes
* 0 = No
* 3 = Part of the last time we had sex
* 99 = Prefer not to answer

Show if: Always shown

In the past month, how many times have you had anal sex? By anal sex, we mean when a man or boy puts his penis inside your anus. V: ASXMONTH

* # of times [3 digits]
* 999 = Prefer not to answer

Show if: ASXMONTH > 0 AND ASXMONTH ≠ 999

Some people find it difficult to use condoms every time they have sex. In the past month, how often was a condom used during anal sex? V: ASXCNDMO

* 0 = Never
* 1 = Rarely
* 2 = Sometimes
* 3 = Often
* 4 = Always
* 99 = Prefer not to answer

Show if: ASXMONTH > 0 AND ASXMONTH ≠ 999

During the last act of anal sex that you had, was a condom used? V: ASXCNDLAST

* 1 = Yes
* 0 = No
* 3 = Part of the last time we had sex
* 99 = Prefer not to answer

# Transactional Sex Questions

Show if: Always shown

Including your primary partner if you have one, how many total sex partners have you had in the past **3 months**? V: SPNUM

* # of sex partners [3 digits]
* 999 = Prefer not to answer

Show if: Always shown

We as women often find ourselves in situations where we need someone to help us.

Show if: Always shown

In the last **3 months**, have you had sex with a man because he provided you with or you expected that he would provide you with any of the following? *Mark all that apply.* V: TRANSACTSX

* Food V: FOOD
* Clothes, shoes, accessories V: CLOTHES
* Cosmetics V: COSMETIC
* Cell phone V: PHONE
* Items for your child(ren) or family such as clothes, food, school fees V: CHILDITEMS
* Transport, tickets or money for transport V: TRANSPORT
* Your own school fees or residence fees V: SCHOOL
* Somewhere to stay V: LODGING
* Cash V: CASH
* 99 = Prefer not to answer

# Violence Questions

Show if: Always shown

Now we will ask you some questions about your relationships with your partner, family, friends or other people in your neighbourhood. We know that relationships can have good and bad moments. Some questions may be difficult to answer and we would like to remind you that your answers will be kept CONFIDENTIAL.

Show if: Always shown

In the past **year**, has your current or most recent partner punched, slapped, kicked, bit you, or caused you any type of physical harm? V: HURT

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

In the past **year**, has your current or most recent partner insulted, ignored or humiliated you, yelled at you, or made you feel ashamed or bad about yourself? V: INSULT

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

In the past **year**, has your current or most recent partner forced you to have sex or perform any sexual act, or touched you sexually in any way that you did not want? V: FORCED

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

In the past **year**, has your current or most recent partner made you feel afraid, unsafe or in danger? V: UNSAFE

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

# Mental Health/Depression

Show if: Always shown

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past **week** by ticking the appropriate box for each question. V: MHEALTH

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 = Rarely or none of the time (less than 1 day)  | 2 = Some or a little of the time (1‐2 days)  | 3 = Occasionally or a moderate amount of time (3‐4 days)  | 4 = All of the time (5‐7 days)  | 99 = Prefer not to answer |
| I was bothered by things that usually don't bother me. V: MHBOTHERED |  |  |  |  |  |
| I had trouble keeping my mind on what I was doing. V: MHUNFOCUSED |  |  |  |  |  |
| I felt depressed. V: MHDEPRESSED |  |  |  |  |  |
| I felt that everything I did was an effort. V: MHEFFORT |  |  |  |  |  |
| I felt hopeful about the future. V: MHHOPEFUL |  |  |  |  |  |
| I felt fearful. V: MHFEARFUL |  |  |  |  |  |
| My sleep was restless. V: MHRESTLESS |  |  |  |  |  |
| I was happy. V: MHHAPPY |  |  |  |  |  |
| I felt lonely. V: MHLONELY |  |  |  |  |  |
| I could not "get going.” V: MHGETGOING |  |  |  |  |  |

Show if: Always shown

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

Show if: Always shown

Have had nightmares about it or thought about it when you did not want to? V: NIGHTMARE

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? V: AVOID

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

Were constantly on guard, watchful, or easily startled? V: ONGUARD

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

Felt numb or detached from others, activities, or your surroundings? V: NUMB

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

# Alcohol/Drugs

Show if: Always shown

Now I’d like to ask you some questions about alcohol and drugs. For alcohol, we mean beer, wine, home or local brews (for example: Zed). For drug use, some of the drugs listed may be prescribed by a doctor (like amphetamines, sedatives, or pain medications).  For this interview, we will **not** record medications that are used **as prescribed** by your doctor.

Show if: Always shown

How often do you have a drink containing alcohol (including Zed)? V: ALCFREQ

* 0 = Never
* 1 = Monthly or less
* 2 = 2 to 4 times a month
* 3 = 2 to 3 times a week
* 4 = 4 or more times a week
* 99 = Prefer not to answer

Show if: Always shown

How many drinks containing alcohol do you have on a typical day when you are drinking? V: ALCNUM

* 0 = 1 or 2
* 1 = 3 or 4
* 2 = 5 or 6
* 3 = 7 to 9
* 4 = 10 or more
* 99 = Prefer not to answer

Show if: Always shown

How often do you have six or more drinks on one occasion? V: ALC6ORMORE

* 0 = Never
* 1 = Less than monthly
* 2 = Monthly
* 3 = Weekly
* 4 = Daily or almost daily
* 99 = Prefer not to answer

Show if: Always shown

In the past month, did you have a drink containing alcohol just before or during sex? V: ALCBFRSX

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

In the past month, did you use drugs just before or during sex? V: DRUGBFRSX

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

In the past month, has your partner been drunk from alcohol? V: SPDRUNK

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

In the past **3 months**, how often have you used each of the following substances? V: DRUGUSE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0 = Never | 1 = Less than monthly | 2 = Monthly | 3 = Weekly | 4 = Daily or almost daily | 99 = Prefer not to answer |
| Cannabis, also called marijuana, pot, grass, dakka, dagga or hash V: MARIJUANA |  |  |  |  |  |  |
| Cocaine, also called coke or crack V: COCAINE |  |  |  |  |  |  |
| Amphetamine-type stimulants, for example speed, diet pills, Tik/Crystal Meth or ecstasy V: SPEED |  |  |  |  |  |  |
| Inhalants, for example nitrous, glue, petrol, paint thinner V: INHALANT |  |  |  |  |  |  |
| Sedatives or sleeping pills, for example serepax, rohypnol, quaaludes/mandrax V: SEDATIVE |  |  |  |  |  |  |
| Hallucinogens, for example LSD, acid, mushrooms, PCP, Special K V: HALLUCIN |  |  |  |  |  |  |
| Opioids, for example heroin (including nyaope/whoonga), morphine, methadone, etc. V: OPIOID |  |  |  |  |  |  |
| Prescription drugs for non-prescription purposes, for example codeine (including cough mixture), efavirenz, valium V: RXDRUG |  |  |  |  |  |  |
| Other V: OTHDRUG |  |  |  |  |  |  |

Show if: Always shown

Have you ever used a needle to inject drugs? V: INJECTEVER

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: INJECTEVER = 1/Yes

Have you used a needle to inject drugs in the past month? V: INJECTMO

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

# HPRM

Show if: Always shown

Please let us know how strongly you agree or disagree with the following statements about PrEP. V: HPRM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 = Strongly Disagree | 2 = Disagree | 3 = Neither Agree nor Disagree | 4 = Agree | 5 = Strongly Agree | 99 = Prefer not to answer |
| I am ready to start taking PrEP to protect against HIV. V: HPRREADY |  |  |  |  |  |  |
| I will tell most of the people that I live with that I am taking PrEP. V: HPRTELLPPL |  |  |  |  |  |  |
| I believe taking PrEP can keep me from getting HIV. V: HPRPREVNT |  |  |  |  |  |  |
| I think that taking PrEP would give me side effects. (R) V: HPRSIDEEFX |  |  |  |  |  |  |
| I would know how to contact the study doctor/nurse if I had problems or questions about PrEP. V: HPRDOCTOR |  |  |  |  |  |  |
| I feel like I have a stable place to live. V: HPRSTABLE |  |  |  |  |  |  |
| If I don’t take my PrEP exactly as instructed, I might get infected with HIV. V: HPRMIGHT |  |  |  |  |  |  |
| I have a strong, trusting relationship with the study staff. V: HPRTRUST |  |  |  |  |  |  |
| I would know who to call and where to go for refills of my PrEP. V: HPRREFILL |  |  |  |  |  |  |
| Sometimes I don’t have a place to sleep. (R) V: HPRSLEEP |  |  |  |  |  |  |
| I will tell most of my family and friends that I am taking PrEP. V: HPRTELLFAM |  |  |  |  |  |  |
| I think taking PrEP would not really help me. (R) V: HPRNOTHELP |  |  |  |  |  |  |
| Even when it may be difficult, I will be able to let the study staff know if I miss doses of my PrEP. V: HPRMISSDSE |  |  |  |  |  |  |
| I regularly go to a clinic to seek advice about my health. V: HPRADVICE |  |  |  |  |  |  |
| I think PrEP would be harmful to my body. (R) V: HPRHARMFUL |  |  |  |  |  |  |
| I want to start taking PrEP to protect against HIV infection. V: HPRPROTECT |  |  |  |  |  |  |
| I think my household members who I will tell that I am on PrEP will help me remember to take it. V: HPRHELP |  |  |  |  |  |  |
| Taking my PrEP as prescribed would keep me from getting HIV. V: HPRNOHIV |  |  |  |  |  |  |
| I feel supported by my family and friends when times are tough. V: HPRSUPPORT |  |  |  |  |  |  |
|  Even if I had side effects, I would take my PrEP because I know they would go away. V: HPRSEGOAWY |  |  |  |  |  |  |
| I think my family and friends who I will tell I am on PrEP would help me remember to take it. V: HPRFAMHELP |  |  |  |  |  |  |
| I know that I will be able to take my PrEP daily. V: HPRDAILY |  |  |  |  |  |  |
| It would be important to me to take my PrEP as instructed V: HPRASINSTR |  |  |  |  |  |  |
| I think I will not tell the people I live with that I am taking PrEP. (R) V: HPRNOTELL |  |  |  |  |  |  |

Show if: Always shown

How many people that you live with will you tell that you are taking PrEP? V: HOWMNYTELL

* 1 = No one
* 2 = Only one person
* 3 = Some people
* 4 = Most people
* 5 = Everyone
* 99 = Prefer not to answer

# Stigma Questions

Show if: Always shown

Please tell us how much you agree or disagree with the following statements: V: STIGMA

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 = Strongly Disagree | 2 = Disagree | 3 = Neither Agree nor Disagree | 4 = Agree | 5 = Strongly Agree | 99 = Prefer not to answer |
| I feel ashamed of using PrEP. V: STASHAMED |  |  |  |  |  |  |
| I feel embarrassed about using PrEP. V: STEMBARR |  |  |  |  |  |  |
| I think I am not following the ‘rules' of my community if I take PrEP to prevent HIV. V: STRULES |  |  |  |  |  |  |
| I think people will give me a hard time if I tell them I am on PrEP. V: STHARDTM |  |  |  |  |  |  |
| I think people will judge me if I am taking PrEP. V: STJUDGE |  |  |  |  |  |  |
| I think I am at greater risk for physical violence or rape if I am taking PrEP V: STVIOLNC |  |  |  |  |  |  |

# Disclosure and Support

Show if: Always shown

We are now going to ask you questions about people whom you might talk to about this research.

Show if: Always shown

Do you plan to tell anyone about your plan to take PrEP? V: PLANTELL

* 1 = Yes
* 0 = No
* 2 = Don’t plan to take PrEP
* 99 = Prefer not to answer

Show if: PLANTELL = 1/Yes

If you plan to tell anyone about your plan to take PrEP, answer “yes” or “no” for each person(s) you plan to tell in the list below. V: WHOTELL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 = Yes | 0 = No | 88 = Not applicable | 99 = Prefer not to answer |
| Your sex partner? V: TELLSP |  |  |  |  |
| Your mother or your father? V: TELPARENT |  |  |  |  |
| Your sister or your brother? V: TELSIBLING |  |  |  |  |
| Other family members? V: TELOTHFAM |  |  |  |  |
| Friends? V: TELFRIEND |  |  |  |  |
| Neighbors? V: TELNEIGHBR |  |  |  |  |
| Nurse or doctor outside the study? V: TELLRNMD |  |  |  |  |
| Other persons? Please specify: [100 characters] V: TELLOTH |  |  |  |  |

Show if: PLANTELL = 1/Yes

Do you think his/her/their reaction will be supportive? V: SUPPORTIVE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 = Yes | 0 = No | 88 = Not applicable | 99 = Prefer not to answer |
| Your sex partner? V: SUPSP |  |  |  |  |
| Your mother or your father? V: SUPPARENT |  |  |  |  |
| Your sister or your brother? V: SUPSIBLING |  |  |  |  |
| Other family members? V: SUPOTHFAM |  |  |  |  |
| Friends? V: SUPFRIEND |  |  |  |  |
| Neighbors? V: SUPNEIGHBR |  |  |  |  |
| Nurse or doctor outside the study? V: SUPRNMD |  |  |  |  |
| Other persons? Please specify: [100 characters] V: SUPOTH |  |  |  |  |

Show if: Always shown

We have asked you a number of questions today. Some of them may have caused you to feel worried or sad. Would you like to talk to someone about any of your answers? V: NEED2TALK

* 1 = Yes
* 0 = No
* 99 = Prefer not to answer

Show if: Always shown

Thank you very much for taking the time to complete this survey. Please let a staff member know that you are done. If you have any questions or concerns about this survey, please let a staff member know.

# Revision History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Approval Date** | **Created By** | **Approved By** | **Changes** |
| 1.0 |  | Heather Noble, CDMDanica Wright, CDM |  | Initial version sent to DatStat for programming |