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Thank you for agreeing to complete this questionnaire. Your responses will be kept confidential and will not be viewed by clinic staff. To keep the information you provide private, personal information (name, address, phone number) will NOT be collected in this questionnaire. Before you begin, there are a few practice questions for you to get used to how the system works. If you have any questions on how to use the computer, the clinic staff can assist you.

If you prefer not to respond to a question, you may leave a question blank and click the "NEXT" button to go to the next question.

Click the "NEXT" button to go to the next screen.

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Introduction [Page 2]

Good! You can always move to the next screen by clicking "next", or, to go to the previous screen, click "previous."

Click the "NEXT" button to go to the next screen.

.....  
[Question 1]

This question shows how to answer questions with click boxes. Try answering the question below by moving the mouse arrow and clicking on boxes that match your choices.

PRACTICE QUESTION:

Which items do you like to eat on a salad? *Indicate all that apply.*

[Answer options]

- Eggs
- Cheese
- Croutons
- Salad Dressing
- Carrots
- Bacon bits

This is an example of a question where more than one answer is allowed:

If you want to change your response, click the response you don't want again to de-select it and then select the answer(s) you do want.

.....  
[Question 2]

Do you like summer?

- Yes
- No

This is an example of a single response question:

If you want to change your response, simply click the response you want.

\*\*\*\*\*

Practice [Question 3]

This screen is the last type of question in this interview, and involves clicking on the point in the scale that most closely matches how you feel. Use the mouse to move the arrow to the desired place on the scale, and then click to make your choice.

PRACTICE QUESTION:

How thick do you like soup to be?

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0	1	2	3	4
Very liquid	Somewhat liquid	Neither	Somewhat thick	Very thick

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\*\*\*\*\*

Ok. If you had any problem answering the prior questions, let the study staff know about it. Otherwise, click "NEXT" and proceed with the first questionnaire.

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## SECTION A. DEMOGRAPHICS

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A1. How old are you? \_\_\_\_\_ (In years)

A2. What is the highest education level you have completed?

1. Eighth grade or lower/Secondary School level 2 or lower
2. Partial high school/Partial Secondary School
3. High school graduate/Secondary School graduate
4. Partial college
5. College graduate
6. Partial graduate school
7. Graduate school degree

A3. How often in the past 3 months did you or your family have to cut meal size or skip a meal because there was not enough money for food?

1. Almost every week
2. Several weeks but not every week
3. Only a few weeks
4. Did not have to skip or cut the size of meals
5. Decline to answer

A4. What sex were you assigned at birth, meaning what the doctor put on your original birth certificate?

1. Male
2. Female

A5. What is your current gender identity? That is, do you consider yourself...

1. Male
2. Female
3. Trans male/Trans man
4. Trans female/Trans woman
5. Genderqueer/Gender non-conforming
6. A gender not listed here, *please specify*: \_\_\_\_\_

**[CASI SKIP PATTERN: ONLY ASK FOLLOWING TRANS QUESTIONS IF PARTICIPANT ANSWERS A5 = 3 or A5 = 4 OR A4=1 and A5 = 2 OR A4=2 and A5=1; OTHERWISE, JUMP TO A6].**

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T1. How old were you when you FIRST sought out any form of medical gender affirmation services (i.e., hormones, surgery to transition)?

1. |\_\_\_\_|\_\_\_\_| Years-old
2. I have not had any form of gender affirmation services. **[SKIP TO A6]**

**\*\*\*ERROR CODE FOR T1 FOUND IN "CUSTOM JAVASCRIPT VERIFICATION" TAB OF "ADVANCED" SECTION\*\*\***

T2. Which medical interventions have you used to affirm your gender? (check all that apply)

1. Pubertal blockers (to inhibit puberty)
2. Hormones (estrogen or testosterone)
3. Breast Implants (breast augmentation)
4. Chest Reconstruction/ Mastectomy
5. Breast Reduction (no mastectomy)
6. Facial or neck surgery (for example, nose job, cheek implants, forehead lift, tracheal shave)
7. Abdominal surgery (hysterectomy, oophorectomy)
8. Lower feminizing surgery (vaginoplasty – creation of a vagina)
9. Lower masculinizing surgery (metoidioplasty, phalloplasty – creation of a microphallus or phallus)

**[IF T2=8]**

T3. What type of lubricant do you use for dilating?

- Water-Based
- Silicone-Based
- Oil-Based
- Hybrid
- Other, please specify: \_\_\_\_\_

T4. In order to ask you accurate questions about sexual behavior, we will first ask you about your body. We know some transgender people have gender affirming surgery (genital reconstruction such as the creation of a vagina or a penis). Have you had genital reconstruction (i.e., “lower” or “bottom” surgery)?

1. Yes. I have had genital reconstruction **[IF T2 = 8 and T3 = 1, SKIP all male specific questions; IF T2 = 9 and T3 = 1, SKIP all female specific questions]**
2. No. I have not had genital reconstruction. I have my birth anatomy.

---

A6. Do you consider yourself...

1. Gay/Lesbian/homosexual
2. Straight/heterosexual
3. Bisexual
4. Other, *please specify*: \_\_\_\_\_

A7. How many of your immediate family members know your sexual identity?

*“Immediate family members” includes family members you live with or family members you interact with often. If you do not have regular contact with any family members, please select “Does not apply”.*

1. None
2. Some, but less than half
3. About half
4. More than half
5. All
6. Does not apply
7. Decline to answer

A8. How do you define your primary relationship status?

1. I am single, and having sex with other people
2. I am single, and not having sex with other people
3. I am casually dating
4. I have a boyfriend or girlfriend
5. I have a partner or lover
6. Although we lack a legal commitment, I am with a partner and we have had a commitment ceremony
7. I am in a civil union or domestic partnership
8. I am legally married

**A9. [Ask only if response is other than single or casually dating in #8 (options 1,2,3)]**

How do you and your partner handle sex outside of your relationship? (select one)

1. Neither of us has sex with others; we are monogamous
2. Only I have sex with others
3. Only they have sex with others
4. Both of us have sex with others separately
5. Both of us have sex with others together
6. We both have sex with others separately and together
7. I have sex with others, but don't know about my partner
8. I don't have sex with others, but I don't know about my partner
9. Decline to answer

A10. What is your marital status?

1. Never married
2. Domestic Partnership
3. Married
4. Widowed
5. Divorced

A11. How many hours per week do you work? *If you do not work, please enter 0.*

\_\_\_\_\_ hours per week

A12. Which of the following do you most identify as?

1. Muslim
2. Buddhist
3. Hindu
4. Roman Catholic
5. Protestant
6. Jewish
7. Other Christian denomination
8. Agnostic
9. Atheist
10. Non-religious or spiritual
11. Indigenous or traditional religion
12. Other, please specify...

A13. Are you currently a student?

1. Yes
2. No

A14. Do you live alone?

1. Yes (Skip to A16)
2. No

A15. Whom do you live with? (Mark all that apply)

1. Parents
2. Siblings
3. Friends
4. Roommates
5. Significant Other
6. Other, *please specify*: \_\_\_\_\_

A16. What kind of residence do you live in?

1. Single Family Home
2. Apartment
3. Boarding House
4. Dormitory
5. Shelter
6. Other (please specify): \_\_\_\_\_

A17. Which of the following devices do you own? (Check all that apply)

1. Cell phone (basic mobile phone for calling or texting; does not have internet access, apps, or a touch screen)
2. Smartphone (advanced mobile phone with internet access, apps, and a touch screen)
3. Desktop computer
4. Laptop computer
5. Tablet computer
6. E-book reader
7. Fitness tracker or smart watch
8. Another device, specify: \_\_\_\_\_
9. Decline to answer

**\*\*\*ERROR CODE FOR A17 FOUND IN "CUSTOM JAVASCRIPT VERIFICATION" TAB OF "ADVANCED" SECTION\*\*\***

A18. [If "Cell phone" and/or "Smartphone" is selected in #A17] Do you regularly share your [phone response(s) from A17] with one or more people (such as a partner, family member, or friends)?

1. Yes
2. No
3. Decline to answer

A19. In the past year, was your phone service ever disconnected because you could not pay the bill or because your phone was lost or stolen?

1. Yes

2. No **[GO TO SECTION B]**
3. Decline to answer

A20. **[If A19=Yes]** How many times in the last 12 months has your phone been disconnected?

1. Once
2. Twice
3. 3 to 5 times
4. More than 5 times
5. Decline to answer

A21. The *last* time your phone was disconnected, for how long was it disconnected?

1. 1 day or less
2. 2 to 7 days
3. 1 to 4 weeks
4. 1 month or more
5. Decline to answer

## **SECTION B. SEXUAL BEHAVIOR**

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First, we will ask you questions about your body.

B1. Do you currently have a penis?

\_\_\_\_\_ 1 Yes [**SKIP TO SEXBEHAVINTRO**]

\_\_\_\_\_ 2 No [**SKIP TO B2**]

3 Decline to answer

**[IF DECLINE TO ANSWER, ask:]**

B1a. You selected "Decline to answer." If you do not answer this question, you may be asked questions about your sexual behavior that do not apply to you. Please confirm your answer.

1. Yes, I decline to answer [**SKIP TO SEXBEHAVINTRO**]

2. No, I want to change my answer [**SKIP TO B1**]

B2. Do you currently have a vagina?

\_\_\_\_\_ 1 Yes [**SKIP TO SEXBEHAVINTRO**]

\_\_\_\_\_ 2 No [**SKIP TO B1**]

3 Decline to answer

**[IF DECLINE TO ANSWER, ask:]**

B2a. You selected "Decline to answer." If you do not answer this question, you may be asked questions about your sexual behavior that do not apply to you. Please confirm your answer.

1. Yes, I decline to answer

2. No, I want to change my answer [**SKIP TO B2**]

**SexBehavIntro** Now we will ask you questions about your sexual history. We understand this topic is very personal, but every answer is important for the study. All of your answers will be kept confidential. For questions that ask the number of times, if you are unsure just give your best guess.

First, let's take a minute to review some words so it is clear what we are asking.

**[SCREEN TIPS WILL BE GENERATED FOR WORDS IN BOLD TO DISPLAY THEIR MEANINGS AND ALTERNATE PHRASES, AS PER THE FOLLOWING:]**

### **SexBehavIntro2**

Penis is the male sex organ. Some people call it "dick" or "cock." Men and transgender people can have penises.

Vagina is the female sex organ. Some people call it "pussy." Women and transgender people can have vaginas.

Rectum and anus are frequently called "butt" or "asshole."

Anal sex is when someone puts their penis in another person's rectum or anus; some people call this "butt fucking."

Receptive anal sex is when someone's rectum or anus is penetrated by another person's penis or when they are the "bottom"

Insertive anal sex is when someone puts their penis into a rectum or anus or when they are the "top"

Vaginal sex is when someone puts their penis into a vagina; some people call this "fucking" or "screwing" or "having sex."

Oral sex is when people put their mouth or tongue on each other's sex organs. When someone puts their mouth on another person's penis, some people call this a "blow job" or "fellatio." When someone puts their mouth on another person's vagina, some people call this "cunnilingus."

Analingus is when someone puts their mouth on another person's anus; some people call this "rimming"

As you go through the following questions, these words will sometimes appear in **bold**. If you are not sure what a word in bold means, use the mouse to place the arrow or cursor on the bolded word to see its meaning.

In some cases, these questions may not specifically apply to you. At the end of this section, you will have a space to enter comments.

SEXUAL BEHAVIOR

B3a. During your life, with whom have you had sex? (check all that apply)

1. Female
2. Male
3. Trans female or trans woman
4. Trans male or trans man

B3b. **[If female selected]** In the past year, with how many females have you had sex? \_\_\_\_\_

B3c. **[If male selected]** In the past year, with how many males have you had sex? \_\_\_\_\_

B3d. **[If trans female selected]** In the past year, with how many transwomen have you had sexual sex? \_\_\_\_\_

B3e. **[If trans male selected]** In the past year, with how many transmen have you had sexual sex? \_\_\_\_\_

RECENT SEXUAL BEHAVIOR

B4. In the past 30 days, how many people have you had **sex** with? (Sex can include anal sex, vaginal sex, oral sex, or anilingus).

**\*\*\*ERROR CODE FOR B4 FOUND IN "CUSTOM JAVASCRIPT VERIFICATION" TAB OF "ADVANCED" SECTION\*\*\* [IF DECLINE TO ANSWER, ask:]**

B4a You selected "Decline to answer." If you do not answer this question, you may be asked questions about your sexual behavior that do not apply to you. Please confirm your answer.

1. Yes, I decline to answer
2. No, I want to change my answer **[SKIP TO B4]**

**[If B4=1, ask 5a. If B4> 1, ask 5.b.]**

B5a. You said you had **sex** with *one* person in the past 30 days. Please indicate whether this person was a....

- \_\_\_ 1 Man
- \_\_\_ 2 Woman
- \_\_\_ 3 Transgender man
- \_\_\_ 4 Transgender woman

5 Decline to answer

**[IF DECLINE TO ANSWER, ask:]**

B5ai You selected "Decline to answer." If you do not answer this question, you may be asked questions about your sexual behavior that do not apply to you. Please confirm your answer.

1. Yes, I decline to answer
2. No, I want to change my answer

B5b. You said you had **sex** with [B4] people in the past 30 days. Please indicate how many of these people were men, women, or transgender. Note that your answers must add up to [B4] if you choose to answer.

- \_\_\_ 1 Men
- \_\_\_ 2 Women
- \_\_\_ 3 Transgender man
- \_\_\_ 4 Transgender woman
- \_\_\_ 5 Decline to answer

**\*\*\*CODE FOR EACH VARIABLE OF B5B FOUND IN THE HTML <HEAD> TAG TAB OF "ADVANCED" SECTION. ERROR CODE FOR B5B FOUND IN "CUSTOM JAVASCRIPT VERIFICATION" TAB OF "ADVANCED" SECTION\*\*\***

**[IF DECLINE TO ANSWER, ask:]**

B5bi You selected "Decline to answer." If you do not answer this question, you may be asked questions about your sexual behavior that do not apply to you. Please confirm your answer.

1. Yes, I decline to answer
2. No, I want to change my answer

**[SKIP PATTERNS WILL BE BASED ON ANSWERS TO ANATOMY AND PARTNER' S GENDER]**

B6. During the past 30 days, how many times did you have **vaginal sex**, when you put your **penis** into a partner's **vagina**? \_\_\_\_\_ [RANGE 0-900]

B7. Of the [B6] times you had **vaginal sex**, how many times did you put your **penis** into a partner's **vagina** without a condom, even for a little while? \_\_\_\_\_

B8. During the past 30 days, how many times did you have **insertive anal sex**, when you put your **penis** into a partner's **rectum**? \_\_\_\_\_

B9. Of the [B8] times you had **insertive anal sex**, how many times did you put your **penis** into a partner's rectum without a condom, even for a little while? \_\_\_\_\_

B10. During the past 30 days, how many times did you have **receptive anal sex**, when a partner's penis was in your rectum? \_\_\_\_\_

B11. Of the [B10] times you had **receptive anal sex**, how many times was a partner's penis in your **rectum** without a condom, even for a little while? \_\_\_\_\_

Now we would like to ask you about oral sex:

B12. During the past 30 days, how many times did you put your mouth on a partner's **penis**?  
\_\_\_\_\_

B13. During the past 30 days, how many times did a partner put their mouth on your **penis**?  
\_\_\_\_\_

B14. During the past 30 days, how many times did you put your mouth on a partner's **anus**?  
\_\_\_\_\_

B15. During the past 30 days, how many times did a partner put their mouth on your **anus**?  
\_\_\_\_\_

B16. During the past 30 days, how many times did you put your mouth on a partner's **vagina**?  
\_\_\_\_\_

B17. During the past 30 days, how many times did a partner put their mouth on your **vagina**?  
\_\_\_\_\_

B18. During the past 30 days, how many times did you have **vaginal sex**, when a partner's penis was in your vagina? \_\_\_\_\_

B19. Of the [B18] times you had **vaginal sex**, how many times was a partner's penis in your **vagina** without a condom, even for a little while? \_\_\_\_\_

The next two questions refer to exchanging sex for money or other goods or services. Remember, your answers are confidential and will not be viewed by clinic staff.

B20. During the past 30 days, how many times did you receive money or other goods or services in exchange for sex? \_\_\_\_\_

B21. During the past 30 days, how many times did you pay money or provide other goods or services in exchange for sex? \_\_\_\_\_

B22. Please leave us any comments you have about this sexual behavior questionnaire, especially if you thought these questions did not apply to you:

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## SECTION C. RECTAL PRACTICES

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### LUBRICANT USE FOR RAI

The following questions refer to your use of sexual lubricants. These do not include saliva or the lubricant that comes on condoms.

C1. How frequently do you use a commercial sexual lubricant when you have **receptive anal sex**?

1. \_\_\_\_\_ Never **[ASK C2 AND SKIP TO D1]**
2. \_\_\_\_\_ Sometimes **[ASK C2 AND CONTINUE WITH THIS SECTION]**
3. \_\_\_\_\_ Always **[SKIP C2 AND GO TO C3]**

C2. When you have NOT used a commercial sexual lubricant for receptive anal sex, why was that the case? *Indicate all that apply*

1. \_\_\_\_\_ Sometimes I prefer dry sex
2. \_\_\_\_\_ I disliked the lubricant
3. \_\_\_\_\_ I used saliva
4. \_\_\_\_\_ I used my vagina's natural lubricant (female only)
5. \_\_\_\_\_ My partner was naturally lubricated (pre-cum)
6. \_\_\_\_\_ I used pre-lubricated condoms
7. \_\_\_\_\_ Lubricant was not available
8. \_\_\_\_\_ I was in a rush
9. \_\_\_\_\_ I couldn't afford to buy it
10. \_\_\_\_\_ My partner refused
11. \_\_\_\_\_ I used some products not intended for sex
12. \_\_\_\_\_ Other, please specify: \_\_\_\_\_

C3. What types of commercial lubricants do you use (and/or what brand of lubricant do you prefer) for anal sex? *Indicate all that apply*

1. Silicon-based (eg Eros, Wet Platinum, Gun Oil)
2. Water-based (eg KY jelly, Wet original, Durex, ForFun, Ministry of Health-provided lubricant, Love Lub, Aquasol, Astroglide, Gun Oil H20)
3. Oil-based (eg Crisco, lotion or cream, Vaseline, vegetable oil, fish oil, yogurt, butter)
4. Other (please specify)
5. Don't Know\_

C4. How satisfied are you with your current lubricant?

4	3	2	1	0
Very Satisfied	Somewhat Satisfied	Neither	Somewhat dissatisfied	Very Dissatisfied

C5. Where do you usually get your lubricant?

1. \_\_\_\_\_ Sex shop
2. \_\_\_\_\_ Pharmacy/drug store
3. \_\_\_\_\_ HIV Testing Agency
4. \_\_\_\_\_ Bar, disco, sex club
5. \_\_\_\_\_ Online
6. \_\_\_\_\_ Clinic
7. \_\_\_\_\_ Other, *please specify*: \_\_\_\_\_

C6. Do you prefer a lubricant with...

1. \_\_\_\_\_ No flavor
2. \_\_\_\_\_ Flavor
3. \_\_\_\_\_ It doesn't matter

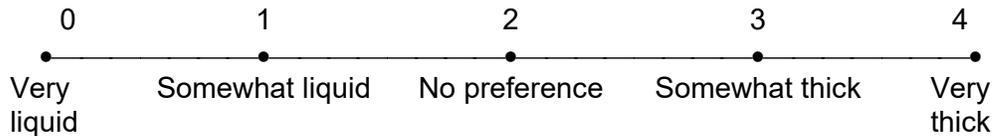
C7. Do you prefer a lubricant with...

1. \_\_\_\_\_ No color/transparent
2. \_\_\_\_\_ Color
3. \_\_\_\_\_ It doesn't matter

C8. Do you prefer a lubricant with...

1. \_\_\_\_\_ Unscented/No scent
2. \_\_\_\_\_ Scented
3. \_\_\_\_\_ It doesn't matter

C9. What consistency do you prefer in a commercial lubricant?



C10. Choose your ideal type of dispenser for a lubricant.

1. \_\_\_\_\_ Tube
2. \_\_\_\_\_ Pump (like in Vaseline Intensive Care or Wet)
3. \_\_\_\_\_ Containers with pop-up covers
4. \_\_\_\_\_ Can or jar
5. \_\_\_\_\_ Single use
6. \_\_\_\_\_ Disposable tube
7. \_\_\_\_\_ Other, *please specify*: \_\_\_\_\_

<input type="checkbox"/>	<p>Tube</p>	
<input type="checkbox"/>	<p>Pump</p>	
<input type="checkbox"/>	<p>Containers with pop-up covers</p>	
<input type="checkbox"/>	<p>Can or jar</p>	
<input type="checkbox"/>	<p>Single use</p>	
<input type="checkbox"/>	<p>Disposable tube</p>	
<input type="checkbox"/>	<p>Other, please specify: _____</p>	

C11. In general, when you have receptive anal sex, is the lubricant applied...: *Indicate all that apply*

1.  Directly on your partner's penis
2.  Around your anus (rim)
3.  Inside your rectum
4.  Inside the condom
5.  On the outside of the condom
6.  Other, *please specify*: \_\_\_\_\_

C12. When you are having receptive anal sex, who applies the lubricant?

1.  Self
2.  Partner
3.  Both

C13. If you are going to have receptive anal sex, when is the lubricant first applied?

1.  Before being penetrated
2.  After being first penetrated

C14. How many times do you usually reapply the commercial lubricant during receptive anal sex?

1.  Never
2.  Once
3.  Twice
4.  3 times or more

C15. From your past experiences, does the application of the lubricant interrupt sex?

1.  It does not interrupt sex
2.  It interrupts sex but does not bother me
3.  It interrupts sex and bothers me

**Section D: RECTAL DOUCHING/ENEMA**

The following questions refer to rectal douching and enemas. For clarity, we will define the term.

A rectal douche, or enema, refers to water or a prepared liquid or substance that is inserted in your rectum or “butt” to clean it.

D1. Have you ever used a rectal douche?

- 1. Yes [IF D1 = 1; GO TO D2]
- 2. No [IF D1 = 2; GO TO D1a, THEN E1]

D1a. What are some of the reasons for not douching? (Check all that apply)

- 1. Not having access
- 2. Using a condom
- 3. Disliking douching
- 4. Not sure how to douche
- 5. Inconvenience
- 6. Unplanned sex
- 7. Other, please specify: \_\_\_\_\_

D2. How old were you when you used a **rectal douche** before **receptive anal sex** for the first time?  
\_\_\_\_\_ Years

D3. What made you use a **rectal douche** before **receptive anal sex**? *Indicate all that apply*

- \_\_\_ 1. To be clean
- \_\_\_ 2. My sex partner suggested it
- \_\_\_ 3. My friends talked about it
- \_\_\_ 4. Other, *please specify*: \_\_\_\_\_

D4. How frequently do you give yourself a **rectal douche** before **receptive anal sex**?

- 1. Always
- 2. Frequently
- 3. Infrequently

D5a. Typically, how long before **receptive anal sex** do you use a **rectal douche**?

1. Less than 30 minutes
2. 30 minutes to 1 hour
3. Between 1 and 2 hours
4. Between 2 and 3 hours
5. Between 3 and 4 hours
6. 4 hours or more

D5b. Typically, how many times do you apply a douche/enema before receptive anal sex until you feel clean?

1. Once
2. Twice
3. Three times
4. Four times
5. Five or more times

D6a. Have you ever used a rectal douche **AFTER** receptive anal sex?

1. Yes
2. No, I've never used a rectal douche after sex **[IF D6a = 2, GO TO D10]**

D6b. How old were you when you used a rectal douche after receptive anal sex for the firsttime?

\_\_\_\_\_ Years

D7. What made you use a rectal douche after receptive anal sex? *Indicate all that apply*

1. To be clean
2. To prevent getting any sexually transmitted infections, including HIV, from my sex partner
3. My sex partner suggested it
4. My friends talked about it
5. Other, *please specify*: \_\_\_\_\_

D8. How frequently do you give yourself a **rectal douche** after **receptive anal sex**?

1. Always
2. Frequently

3. Infrequently

D9. Typically, how long after receptive anal sex do you use a rectal douche (in minutes)?

1. Less than 30 minutes
2. 30 minutes to 1 hour
3. Between 1 and 2 hours
4. Between 2 and 3 hours
5. Between 3 and 4 hours
6. 4 hours or more

D10. How many times did you use a **rectal douche** in the past 30 days?

\_\_\_ \_\_\_ \_\_\_ **[IF D10 = 0, GO TO D19]**

D11. Of the [import D10] times you douched rectally in the past three months, how many times did you douche for the following reasons? *Indicate all that apply*

- a. For general hygiene \_\_\_\_\_
- b. In preparation for sex \_\_\_\_\_
- c. Following sex \_\_\_\_\_
- d. For pleasure \_\_\_\_\_
- e. When constipated \_\_\_\_\_
- f. When ill \_\_\_\_\_
- g. Other, *please specify*: \_\_\_\_\_

D12. When you douched in the past 30 days, did you use... *Indicate all that apply*

1. Hose apparatus
2. Pre-packaged bulb apparatus
3. Other type(s) of douche

D12a. How many times did you use in the past 30 days... *Indicate all that apply* **[ASK ONLY IF "HOSE APPARATUS" WAS SELECTED IN D12]**



Hose apparatus

1. A non-disposable douche or enema bag system (neoprene or rubber bag, rubber hose, plastic clamp, and plastic or rubber nozzle) \_\_\_ \_\_\_
2. A shower head hose and nozzle \_\_\_ \_\_\_
3. A “sinker”, a portable rubber or vinyl hose that attaches to a sink or bidet \_\_\_ \_\_\_
4. Other (please specify: \_\_\_\_\_) \_\_\_ \_\_\_

D12b. How many times did you use... *Indicate all that apply* **[ASK ONLY IF “PRE-PACKAGED BULB APPARATUS” WAS SELECTED IN D12]**



B. Pre-packaged bulb apparatus

1. Over-the-counter disposable enema product (e.g., Fleet®) \_\_\_ \_\_\_
2. Re-useable bulb enema \_\_\_ \_\_\_
3. Vaginal douche in your rectum \_\_\_ \_\_\_
4. Other (please specify: \_\_\_\_\_) \_\_\_ \_\_\_

D12c. Please specify what other products you have used: **[ASK ONLY IF “OTHER TYPES OF DOUCHE(S)” WAS SELECTED IN D12]**

D13. When you use a rectal douche with a hose apparatus, how long do you usually run the water?

1. 15 seconds or less
2. 16 seconds to 1 minute
3. Between 1 and 5 minutes
4. 5 minutes or more
5. I don’t use a hose apparatus for rectal douche

D15. Please estimate how far into your rectum you typically insert the douche.

1. up to 1 inch

2. between 1 and 2 inches
3. between 2 and 3 inches
4. more than 3 inches

D16. Where do you typically use a rectal douche?

1. Toilet
2. Shower/tub
3. Sink
4. Bidet
5. Other, *please specify*: \_\_\_\_\_

D17a. What temperature do you prefer when douching?

1. Hot
2. Warm
3. Cool
4. No preference

D17b. What type of liquid do you use to douche?

1. Tap water
2. Solution from a commercial douche or enema
3. Bottled/filtered/distilled water
4. Soap or tap water with soap
5. Vinegar
6. Oil (mineral, coconut, olive, etc)
7. Other, please specify: \_\_\_\_\_

D18. In what position do you typically prefer to use a rectal douche?

1. Kneeling
2. Lying on side
3. Standing
4. Squatting or seated over toilet/tub
5. Other, *please specify*: \_\_\_\_\_

D19. Have you ever had an injury as a result of rectal douching?

1. Yes           **[IF NO, SKIP TO D22]**
2. No

D20. How many times have you had an injury to the anus or rectum while douching in the past 30 days?

\_\_\_\_\_ [If "0," SKIP to D22]

D21. When injuries have occurred, what was the cause? *Indicate all that apply*

\_\_\_\_\_ 1. Problems with the nozzle

\_\_\_\_\_ 2. Position played a role

\_\_\_\_\_ 3. Problems with the product

\_\_\_\_\_ 4. Other, *please specify*:  
\_\_\_\_\_

D22. Do you get cramps or any other kind of discomfort when you use a rectal douche?

1. Always

2. Frequently

3. Infrequently

4. Never

D23. When you use a rectal douche, how long does it usually take you before you have a bowel movement?

1. Occurs immediately

2. 1-5 minutes

3. More than 5 minutes

**Section E: RECTAL SUPPOSITORY**

The following questions refer to rectal suppositories. For clarity, we will define the term.

A rectal suppository refers to a solid medical preparation in a roughly conical or cylindrical shape, designed to be inserted into the rectum to dissolve.

E0. Have you ever used a rectal suppository to relieve constipation or treat hemorrhoids?

- 1. Yes
- 2. No

E1. Have you ever used a rectal suppository **before receptive anal sex**?

- 1. Yes
- 2. No **[IF E1 = 2; GO TO F1]**

E2. How old were you when you used a **rectal suppository** before **receptive anal sex** for the first time?  
\_\_\_\_\_ Years

E3. What made you use a **rectal suppository** before **receptive anal sex**? *Indicate all that apply*

- \_\_\_ 1. To be clean
- \_\_\_ 2. My sex partner suggested it
- \_\_\_ 3. My friends talked about it
- \_\_\_ 4. Other, *please specify*: \_\_\_\_\_

E4. How frequently do you use a rectal suppository before **receptive anal sex**?

- 1. Always
- 2. Frequently
- 3. Infrequently

E5. Typically, how long before **receptive anal sex** do you use a **rectal suppository**?

- 1. Less than 30 minutes
- 2. 30 minutes to 1 hour
- 3. Between 1 and 2 hours
- 4. Between 2 and 3 hours

- 5. Between 3 and 4 hours
- 6. 4 hours or more

E6a. Have you ever used a rectal suppository AFTER receptive anal sex?

- 1. Yes
- 2. No I've never used a rectal suppository after sex **[IF E6a = 2, GO TO E10]**

E6b. How old were you when you used a rectal suppository after receptive anal sex for the first time?

\_\_\_\_\_ Years

E7. What made you use a rectal suppository after receptive anal sex? *Indicate all that apply*

- \_\_\_ 1. To be clean
- \_\_\_ 2. To prevent getting any sexually transmitted infections, including HIV, from my sex partner
- \_\_\_ 3. My sex partner suggested it
- \_\_\_ 4. My friends talked about it
- \_\_\_ 5. Other, *please specify*: \_\_\_\_\_

E8. How frequently do you use a **rectal suppository** after **receptive anal sex**?

- 1. Always
- 2. Frequently
- 3. Infrequently

E9. Typically, how long after receptive anal sex do you use a rectal suppository (in minutes)?

- 1. Less than 30 minutes
- 2. 30 minutes to 1 hour
- 3. Between 1 and 2 hours
- 4. Between 2 and 3 hours
- 5. Between 3 and 4 hours
- 6. 4 hours or more

E10. How many times did you use a **rectal suppository** in the past 30 days?

\_\_\_ \_\_\_ \_\_\_ **[IF E10 = 0, GO TO E19]**

E11. Of the [import E10] times you used a rectal suppository in the past 30 days, how many times did you do so for the following reasons? *Indicate all that apply*

- a. For general hygiene \_\_\_\_\_
- b. In preparation for sex \_\_\_\_\_

- c. Following sex \_\_\_\_\_
- d. For pleasure \_\_\_\_\_
- e. When constipated \_\_\_\_\_
- f. When ill \_\_\_\_\_
- g. Other, *please specify*: \_\_\_\_\_

E12. Please estimate how far into your rectum you typically insert the rectal suppository.

- 1. up to 1 inch
- 2. between 1 and 2 inches
- 3. between 2 and 3 inches
- 4. more than 3 inches

E13. Where do you typically insert a rectal suppository?

- 1. Bathroom
- 2. Bedroom
- 3. Other, *please specify*: \_\_\_\_\_

E14. In what position do you typically prefer to insert a rectal suppository?

- 1. Kneeling
- 2. Lying on side
- 3. Standing
- 4. Squatting or seated over toilet/tub
- 5. Other, *please specify*: \_\_\_\_\_

E15. Have you ever had an injury as a result of a rectal suppository?

- 1. Yes **[IF NO, SKIP TO E18]**
- 2. No

E16. How many times have you had an injury to the anus or rectum while using a rectal suppository in the past 3 months?

\_\_\_\_\_ **[If "0," SKIP to E18]**

E17. When injuries have occurred, what was the cause? *Indicate all that apply*

- \_\_\_\_\_ 1. Problem with insertion
- \_\_\_\_\_ 2. Position played a role
- \_\_\_\_\_ 3. Problems with the product

\_\_\_\_ 4. Other, *please specify*:

---

- E18. Do you get cramps or any other kind of discomfort when you use a rectal suppository?
1. Always
  2. Frequently
  3. Infrequently
  4. Never
- E19. When you use a rectal suppository, how long does it usually take you before you have a bowel movement?
1. Occurs immediately
  2. 1-5 minutes
  3. More than 5 minutes

## **RECTAL INSERT**

The following questions refer to a rectal insert. For clarity, we will define the term.

A rectal insert is any object other than a suppository (e.g., soap) that you may have inserted in your rectum or “butt” to clean it.

F0. Have you ever used a rectal insert (not a suppository) to relieve constipation or treat hemorrhoids?

1. Yes
2. No

F1. Have you ever used a rectal insert?

1. Yes
2. No **[IF F1 = 2; GO TO G1]**

F2. How old were you when you used a **rectal insert** before **receptive anal sex** for the first time?

\_\_\_\_\_ Years

F3. What made you use a **rectal insert** before **receptive anal sex**? *Indicate all that apply*

- \_\_\_ 1. To be clean
- \_\_\_ 2. My sex partner suggested it
- \_\_\_ 3. My friends talked about it
- \_\_\_ 4. Other, *please specify*: \_\_\_\_\_

F4. How frequently do you give use a **rectal insert** before **receptive anal sex**?

1. Always
2. Frequently
3. Infrequently

F5. Typically, how long before **receptive anal sex** do you use a **rectal insert**?

1. Less than 30 minutes
2. 30 minutes to 1 hour
3. Between 1 and 2 hours
4. Between 2 and 3 hours
5. Between 3 and 4 hours

6. 4 hours or more

F6a. Have you ever used a rectal insert **AFTER** receptive anal sex?

1. Yes
2. No, I've never used a rectal insert after sex **[IF F6a = 2, GO TO F10]**

F6b. How old were you when you used a rectal insert after receptive anal sex for the first time?

\_\_\_\_\_ Years

F7. What made you use a rectal insert after receptive anal sex? *Indicate all that apply*

- \_\_\_ 1. To be clean
- \_\_\_ 2. To prevent getting any sexually transmitted infections, including HIV, from my sex partner
- \_\_\_ 3. My sex partner suggested it
- \_\_\_ 4. My friends talked about it
- \_\_\_ 5. Other, *please specify*: \_\_\_\_\_

F8. How frequently do you use a **rectal insert** after **receptive anal sex**?

1. Always
2. Frequently
3. Infrequently

F9. Typically, how long after receptive anal sex do you use a rectal insert (in minutes)?

1. Less than 30 minutes
2. 30 minutes to 1 hour
3. Between 1 and 2 hours
4. Between 2 and 3 hours
5. Between 3 and 4 hours
6. 4 hours or more

F10. How many times did you use a **rectal insert** in the past 30 days?

\_\_\_ \_\_\_ \_\_\_ **[IF F10 = 0, GO TO F19]**

F11. Of the [import F10] times you used a rectal insert in the past 30 days, how many times did you do so for the following reasons? *Indicate all that apply*

- a. For general hygiene \_\_\_\_\_
- b. In preparation for sex \_\_\_\_\_
- c. Following sex \_\_\_\_\_
- d. For pleasure \_\_\_\_\_
- e. When constipated \_\_\_\_\_

- f. When ill \_\_\_\_\_
- g. Other, *please specify*: \_\_\_\_\_

F12. Please estimate how far into your rectum you typically insert the product.

- 1. up to 1 inch
- 2. between 1 and 2 inches
- 3. between 2 and 3 inches
- 4. more than 3 inches

F13. Where do you typically apply the a rectal insert?

- 1. Bathroom
- 2. Bedroom
- 3. Other, *please specify*: \_\_\_\_\_

F14. In what position do you typically prefer to use a rectal insert?

- 1. Kneeling
- 2. Laying on side
- 3. Standing
- 4. Squatting or seated over toilet/tub
- 5. Other, *please specify*: \_\_\_\_\_

F15. Have you ever had an injury as a result of using a rectal insert?

- 1. Yes           **[IF NO, SKIP TO F18]**
- 2. No

F16. How many times have you had an injury to the anus or rectum while using a rectal insert in the past 30 days?

\_\_\_\_\_ **[If "0," SKIP to F18]**

F17. When injuries have occurred, what was the cause? *Indicate all that apply*

- \_\_\_\_\_ 1. Position played a role
- \_\_\_\_\_ 2. Problems with the product
- \_\_\_\_\_ 3. Other, *please specify*: \_\_\_\_\_

F18. Do you get cramps or any other kind of discomfort when you use a rectal insert?

- 1. Always

2. Frequently
3. Infrequently
4. Never

F19. When you use a rectal insert, how long does it usually take you before you have a bowel movement?

1. Occurs immediately
2. 1-5 minutes
3. More than 5 minutes

**SECTION G. SUBSTANCE USE**

The following questions refer to alcohol and drug use. Remember, your answers are confidential and will not be viewed by clinic staff.

G1. Now you will be shown a list of different drugs. During the last 30 days, how often have you used each of the following substances?

**GO DOWN “A” COLUMN FIRST. IF “0” FOR ANY SUBSTANCES, SKIP B FOR THOSE PARTICULAR SUBSTANCES.**

	<b>[A]</b> Number of times used in <b>past 30 days</b>	<b>[B]</b> Number of times used <b>before or during sex in past 30 days</b> <b>[Only ask if A &gt; 0]</b>
a. Tobacco (cigarettes, cigars, chew, snuff, e-cigs)	___ ___ times	___ ___ times
b. Alcohol (beer, wine, liquor)	___ ___ times	___ ___ times
c. Marijuana/hashish/pot/weed/chamba	___ ___ times	___ ___ times
d. Synthetic Marijuana/K2/Spice	___ ___ times	___ ___ times
e. Ecstasy/MDMA	___ ___ times	___ ___ times
f. Crystal Meth/amphetamines/methamphetamines/speed/krank/ice/yaba	___ ___ times	___ ___ times
G. Ketamine/special K	___ ___ times	___ ___ times
H. GHB (Gamma hydroxybutyrate)	___ ___ times	___ ___ times
I. Other hallucinogens/LSD/mushrooms	___ ___ times	___ ___ times
J. Poppers/amyl nitrate/butyl nitrate	___ ___ times	___ ___ times
K. Crack	___ ___ times	___ ___ times
L. Cocaine (not crack)	___ ___ times	___ ___ times
M. Opium/Opioids (Heroin, Codeine, Vicodin, OxyContin)	___ ___ times	___ ___ times
N. Mandrax/Quaalude	___ ___ times	___ ___ times
O. Kratom	___ ___ times	___ ___ times
P. Khat	___ ___ times	___ ___ times
Q. Any other pharmaceutical drugs not prescribed to you by a physician	___ ___ times	___ ___ times
R. Other, <i>please specify</i> : _____	___ ___ times	___ ___ times

G2. Thinking about the times you used alcohol during the last 30 days, how much did you typically use? **[IF G1b=0, SKIP TO H1]**

1. Too little to feel any effect
2. Enough to feel it a little
3. Enough to feel it a lot
4. Enough to get drunk
5. Enough to feel like you might pass out
6. Enough to pass out

## SECTION H. LGBT Discrimination & Violence

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How often have experienced the following incident because of your sexual and/or gender identity?

H1. **In the past year**, how many times have you... (Never =0)

1. had verbal insults directed at you? \_\_\_\_\_
2. been threatened with physical violence? \_\_\_\_\_
3. had your personal property damaged or destroyed? \_\_\_\_\_
4. had objects thrown at you? \_\_\_\_\_
5. been chased or followed? \_\_\_\_\_
6. been spat upon? \_\_\_\_\_
7. been punched, hit, kicked, or beaten? \_\_\_\_\_
8. been assaulted or wounded with a weapon? \_\_\_\_\_
9. been sexually harassed (without assault)? \_\_\_\_\_
10. been beaten or assaulted by police? \_\_\_\_\_

H2. **In the past year**, how many times have you... (Never =0)

11. been denied employment or fired from a job? \_\_\_\_\_
12. been denied a promotion or salary increase? \_\_\_\_\_
13. received an unfair work evaluation? \_\_\_\_\_
14. been evicted or denied housing? \_\_\_\_\_
15. been refused services in a bar, restaurant, club, or similar establishment? \_\_\_\_\_
16. been refused services in a hotel, motel, or similar establishment? \_\_\_\_\_

H3. In the past 30 days, has a partner harmed you physically, or attempted to harm you physically? This includes hitting you, kicking you, attempting to strangle you, and/or attacking you with a knife, gun or other weapon.

- Yes
- No
- Decline to answer

H4. In the past 30 days, has a partner used physical force or threats of force to make you have sex when you did not want to?

- Yes
- No
- Decline to answer

H5. In the past 30 days, has a partner harmed you emotionally, or attempted to harm you emotionally? This includes calling you names, putting you down, or called you fat or ugly.

- Yes
- No
- Decline to answer

**SECTION I. Mental Health**

Please respond to each item by marking one box per row. [LIST PRESENTED IN RANDOM ORDER]

Social Support & Isolation

	<b>Never (1)</b>	<b>Rarely (2)</b>	<b>Somet imes (3)</b>	<b>Usual y (4)</b>	<b>Always (5)</b>	<b>Declin e to answe r</b>
1. I have someone who will listen to me when I need to talk.	( )	( )	( )	( )	( )	( )
2. I have someone to confide in or talk to about myself or my problems.	( )	( )	( )	( )	( )	( )
3. I have someone who makes me feel appreciated.	( )	( )	( )	( )	( )	( )
4. I have someone to talk with when I have a bad day.	( )	( )	( )	( )	( )	( )
5. I feel left out.	( )	( )	( )	( )	( )	( )
6. I feel that people barely know me.	( )	( )	( )	( )	( )	( )
7. I feel isolated from others.	( )	( )	( )	( )	( )	( )
8. I feel that people are around me but not with me.	( )	( )	( )	( )	( )	( )

**Anxiety & Depression**

**PHQ-2/GAD-2 screener**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	<b>Not at all (0)</b>	<b>Several days (1)</b>	<b>More than half the days (2)</b>	<b>Nearly every day (3)</b>	<b>Decline to answer</b>
1. Little interest or pleasure in doing things	( )	( )	( )	( )	( )
2. Feeling down, depressed, or hopeless	( )	( )	( )	( )	( )
3. Feeling nervous, anxious or on edge	( )	( )	( )	( )	( )
4. Not being able to stop or control worrying	( )	( )	( )	( )	( )

**[Those with a combined score  $\geq 3$  on items 1 & 2 (PHQ-2) complete remaining 6 items of the PHQ-8.]**

**[Those with a combined score  $\geq 3$  on items 3 & 4 (GAD-2) complete remaining 5 items of the GAD-7.]**

**PHQ-8**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	<b>Not at all (0)</b>	<b>Several days (1)</b>	<b>More than half the days (2)</b>	<b>Nearly every day (3)</b>	<b>Decline to answer</b>
3. Trouble falling or staying asleep, or sleeping too much?	( )	( )	( )	( )	( )
4. Feeling tired or having little energy?	( )	( )	( )	( )	( )
5. Poor appetite or overeating?	( )	( )	( )	( )	( )

6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	( )	( )	( )	( )	( )
7. Trouble concentrating on things, such as reading the newspaper or watching television?	( )	( )	( )	( )	( )
8. Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	( )	( )	( )	( )	( )

\*Note, Items 1&2 from the screener are items 1&2 of the PHQ-8.

### GAD-7

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	<b>Not at all (0)</b>	<b>Several days (1)</b>	<b>More than half the days (2)</b>	<b>Nearly every day (3)</b>	<b>Decline to answer</b>
3. Worrying too much about different things?	( )	( )	( )	( )	( )
4. Trouble relaxing?	( )	( )	( )	( )	( )
5. Being so restless that it is hard to sit still?	( )	( )	( )	( )	( )
6. Becoming easily annoyed or irritable?	( )	( )	( )	( )	( )
7. Feeling afraid as if something awful might happen?	( )	( )	( )	( )	( )

\*Note, items 3&4 from the screener are items 1&2 of the GAD-7

**SECTION J. Prevention Prioritization**

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J1. When I am about to have sex with a new partner, the most important issues for me are:

(Please enter a different number from 1 to 8 next to each option: 1 = most important to 8 = least important.)

[CASI WILL PRESENT THIS LIST IN A DIFFERENT RANDOM ORDER TO EACH PARTICIPANT]

- a. having a good time, enjoying sex, and getting sexually satisfied
- b. making sure we use condoms
- c. not getting a sexually transmitted disease (STD) or infection (by this, we mean STDs other than HIV)
- d. not passing a sexually transmitted disease (STD) to my partner
- e. not getting HIV
- f. that my partner will like me
- g. sexually satisfying my partner
- h. communicating our thoughts and feelings with each other

**Condom Use**

J2. If you were to be the **receptive sexual partner**, how effectively could you...

[1] Very Effective	[2] Somewhat Effective	[3] Somewhat Ineffective	[4] Very Ineffective
-----------------------	---------------------------	-----------------------------	-------------------------

- Convince your partner to practice only safer sex?
- Convince your partner to use a condom for anal sex?
- Plan ahead to be sure you always have condoms on hand whenever you have sex?
- Make safer sex enjoyable for your partner?
- Make your partner feel good about using condoms during anal sex?

J3. Please respond to all of the following questions even if you are not sexually active, have never used condoms, or have never had a partner who used condoms. In such cases indicate how you think you would feel in such a situation. {PRESENT IN RANDOM ORDER}

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Sex <b>with</b> condoms makes me feel very connected with my sexual partner				
2. Sex <b>without</b> condoms makes me feel very connected with my sexual partner				
3. Sex <b>with</b> condoms is what I like the most				

4. Sex <b>without</b> condoms is what I like the most				
5. Sex <b>with</b> condoms is very intimate to me				
6. Sex <b>without</b> condoms is very intimate to me				
7. Sex <b>with</b> condoms increases my chances of becoming romantically involved with a hookup				
8. Sex <b>without</b> condoms increases my chances of becoming romantically involved with a hookup				
9. Sex <b>with</b> condoms makes me feel close to my partner				
10. Sex <b>without</b> condoms makes me feel close to my partner				
11. Sex <b>with</b> condoms is a lot of fun for me				
12. Sex <b>without</b> condoms is a lot of fun for me				
13. Sex <b>with</b> condoms is my own personal decision				
14. Sex <b>without</b> condoms is my own personal decision				

## **PrEP/PEP**

*Now, we would like to learn about your knowledge concerning Pre-Exposure Prophylaxis (PrEP), a pill you take every day to reduce your risk of acquiring HIV.*

**J4.** Before today, had you heard about PrEP?

1. Yes
2. No **[GO TO J13]**
3. I don't know **[GO TO J13]**

**J5.** Where did you first hear about PrEP?

1. Newspaper/Magazine
2. Through Friends
3. Through the internet
4. From a health care provider
5. Other \_\_\_\_\_

**J6.** To your knowledge, how effective is PrEP at preventing HIV transmission when having sex without a condom, when adhered to?

1. Very/completely effective
2. Somewhat effective
3. Minimally effective
4. Not at all effective
5. I don't know

**J7.** Have you ever taken PrEP (pre-exposure prophylaxis) BEFORE a sexual or drug use exposure, to reduce the risk of getting HIV?

1. Yes, I am on PrEP right now
2. Yes, I was in the past, but I'm not on PrEP anymore
3. No, I've never taken PrEP

**J8. [If J7= 1 or 2]** Where did you get PrEP? *(Check all that apply)*

- Doctor or other health care provider
- Sex partner, friend, relative, or acquaintance
- Internet
- Other, please specify: \_\_\_\_\_

**J9. [IF J7 = 1]** In the past 7 days, how many days did you take your PrEP medication as prescribed?

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

- 6 days
- 7 days

J10. **IF [J9 < 7 days]** What has gotten in the way of you taking your regular PrEP doses? *(Check all that apply)*

- I have not had any trouble taking my regular PrEP doses
- My work/school schedule got in the way
- I forgot
- I did not think I needed it anymore
- I had difficulty getting the medication
- I had difficulty returning for medical check-ups every 3 months
- I had side effects that made me sick
- I was worried about the long-term effects of PrEP on my health
- I was worried my friends would find out that I was on PrEP
- I was worried my family would find out that I was on PrEP
- I was worried my sexual partners would find out I was on PrEP
- My friends or family did not support me taking PrEP
- I felt like people judged me for being on PrEP
- Other, *please specify* \_\_\_\_\_

J11. **[If J7 = 2 or 3]** What are your reasons for not taking PrEP? *(Check all that apply)*

- My work/school schedule could get in the way
- I would forget
- I don't think I need it
- I would have difficulty getting the medication
- I don't know how to get the costs of PrEP covered
- I do not know where to go to get PrEP
- I am worried about talking to a doctor about my sex life
- I'm worried that people would judge me for taking PrEP
- Other, specify \_\_\_\_\_

J12. **[J7 = 2 or 3]** What are your reasons for not taking PrEP? *(Check all that apply)*

- I tried to access PrEP, but my doctor wouldn't prescribe it for me
- I am not able to return for PrEP medical check-ups every 3 months
- My work/school schedule could get in the way
- I would forget to take it consistently
- I don't think I need it
- I would have difficulty getting the medication
- I don't know how to get the costs of PrEP covered
- I do not know where to go to get PrEP
- I am worried about talking to a doctor about my sex life
- I'm concerned that PrEP might not provide complete protection against HIV
- I am nervous about side effects that might make me sick
- I'm worried about the long-term effects of PrEP on my health
- I'm worried that people would judge me for taking PrEP
- I'm worried that people may think I'm HIV-positive if they see that I'm taking HIV medications as PrEP

Other, specify \_\_\_\_\_

J13. Before today, have you ever heard of people taking anti-HIV medicine AFTER a sexual or injectable drug use exposure, to reduce the risk of getting HIV? This is called post-exposure prophylaxis, or PEP.

1. Yes
2. No

J14. **[If J13 = 1]** Have you ever taken post-exposure prophylaxis (PEP) AFTER a sexual or drug use exposure, to reduce the risk of getting HIV?

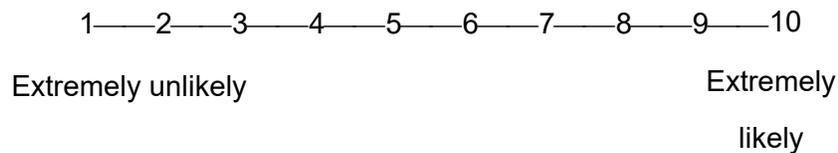
1. Yes
2. No

J15. **[If J14 = 1]** In the past 12 months, have you taken PEP (post-exposure prophylaxis) AFTER a sexual or drug use exposure, to reduce the risk of getting HIV?

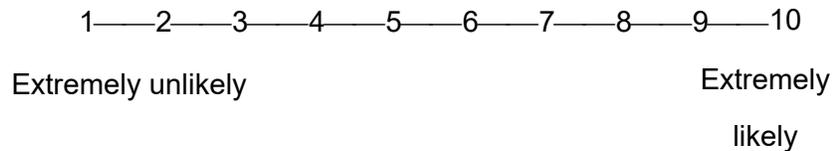
1. Yes
2. No

### **RISK PERCEPTION**

J16. Considering your usual sexual behavior, how likely is it that you will get HIV in your lifetime?



J17. Considering your usual sexual behavior, how likely is it that you will get a sexually transmitted disease (STD), not including HIV, in the next year?

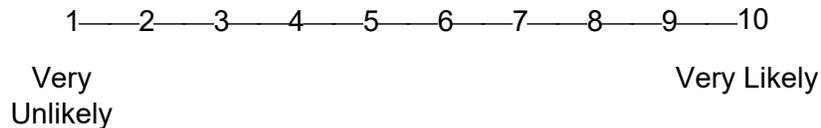


## SECTION K. RECTAL MICROBICIDE INTENTIONS

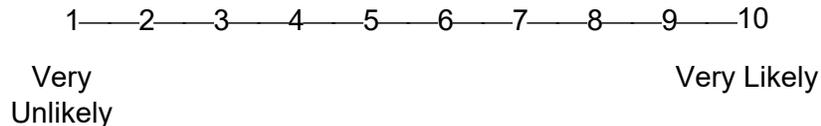
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Scientists are trying to develop alternatives to condoms for the prevention of HIV transmission during sex. Microbicides could be one such alternative.

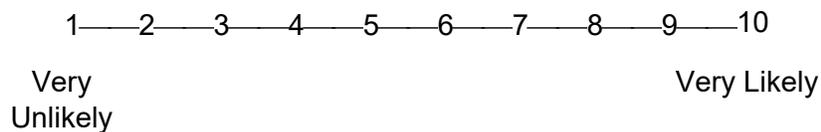
K1. If a rectal microbicide were available that provided some protection against HIV, and it came in the form of a gel (microbicidal gel), how likely would you be to use it every time you have **receptive anal sex**?



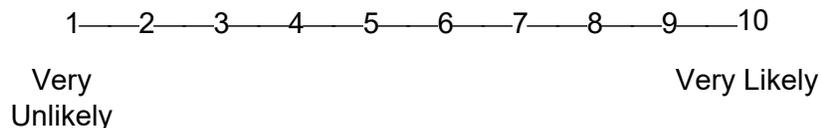
K2. If a rectal microbicide were available that provided some protection against HIV, and it came in the **form of a suppository**, how likely would you be to use it every time you have receptive anal sex?



K3. If a rectal microbicide were available that provided some protection against HIV, and it came in the **form of an douche**, how likely would you be to use it every time you have receptive anal sex?



K4. If a rectal microbicide were available that provided some protection against HIV, and it came in the **form of an insert**, how likely would you be to use it every time you have receptive anal sex?



K5. Please rank from 1 (BEST) to 4 (WORST) which of the following products would BEST fit your lifestyle if they provided some protection against HIV transmission during sex.

\_\_\_ Gel

- \_\_\_ Enema
- \_\_\_ Suppository
- \_\_\_ Insert

Some people may have **worries or concerns** about trying out these microbicide products.



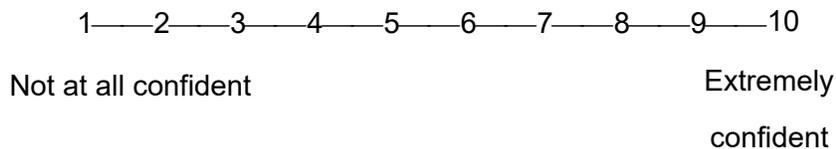
Let's start by exploring any worries or concerns that you may have about using the study rectal douche/enema.

**K5a. Please indicate how hard or easy it would be for you to do each of the following things.**

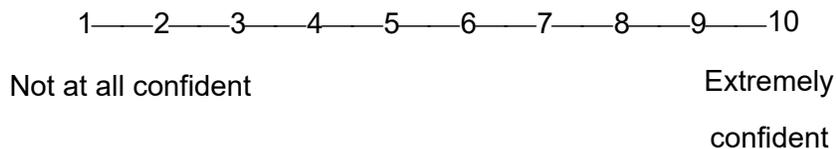
[1] Very Easy to Do	[2] Fairly Easy	[3] Fairly Hard	[4] Very Hard to Do
------------------------	--------------------	--------------------	------------------------

1. To use the **rectal douche/enema** every time BEFORE having sex?
2. To discuss your use of the **rectal douche/enema** with a sexual partner BEFORE having sex?
3. To discuss your use of the rectal douche/enema with a sexual partner AFTER having sex?
4. To use the **rectal douche/enema** while under the influence of alcohol or drugs?
5. To keep the **rectal douche/enema** stored in a private location?
6. To discretely dispose of the **rectal douche/enema** after use?

**K5b. On a scale from 1 (Not at all) to 10 (Extremely), how confident are you about using a rectal douche/enema as required in this study?**



**K5c. On a scale from 1 (Not at all) to 10 (Extremely), how confident are you about using a rectal douche/enema BEFORE having receptive anal sex as required in this study?**



K5d. When thinking about using the **rectal douche/enema** required in this study, do you have any of the following worries or concerns? [check all that apply]

- Not remembering how to use the product correctly
- Having difficulty inserting the product
- Having to wait more than 15 minutes to have sex
- The product coming out by accident
- Losing the product
- The product not staying correctly in place
- Not liking how the product feels inside me
- The product making sex less pleasurable
- The product feeling uncomfortable during normal daily activities
- A sex partner not approving of you using the product
- A family member not approving of your use of the product
- A friend not approving of your use of the product
- The product being unsafe or harmful
- Feeling sick from using the product
- Anything else; please specify \_\_\_\_\_
- [EXCLUSIVE RESPONSE] I am not concerned about any of these things.

Next, let us know if you have any worries or concerns about the study rectal insert.

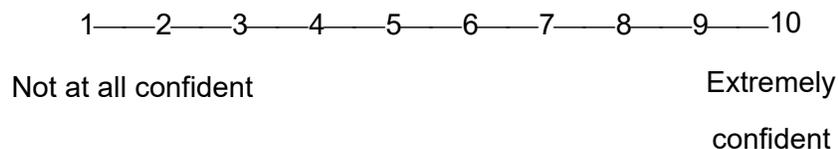


K6a. Please indicate how hard or easy it would be for you to do each of the following things.

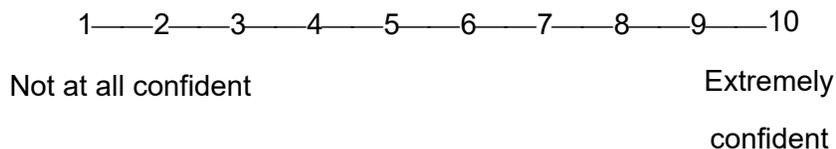
[1] Very Easy to Do	[2] Fairly Easy	[3] Fairly Hard	[4] Very Hard to Do
------------------------	--------------------	--------------------	------------------------

1. To use the **rectal insert** every time BEFORE having sex?
2. To discuss your use of the **rectal insert** with a sexual partner BEFORE having sex?
3. To discuss your use of the **rectal insert** with a sexual partner AFTER having sex?
4. To use the **rectal insert** while under the influence of alcohol or drugs?
5. To keep the **rectal insert** stored in a private location?

K6b. On a scale from 1 (Not at all) to 10 (Extremely), how confident are you about using a **rectal insert** as required in this study?



K6c. On a scale from 1 (Not at all) to 10 (Extremely), how confident are you about using a **rectal insert** BEFORE having receptive anal sex as required in this study?



K6d. When thinking about using the **rectal insert** required in this study, do you have any of the following worries or concerns? : [check all that apply]

- Not remembering how to use the product correctly
- Having difficulty inserting the product
- Having to wait more than 15 minutes to have sex
- The product coming out by accident
- Losing the product
- The product not staying correctly in place
- Not liking how the product feels inside me
- The product coming out on its own during sex
- The product coming out on its own during a bowel movement
- The product feeling uncomfortable during sex
- My sex partner feeling the product during sex
- The product making sex less pleasurable
- The product feeling uncomfortable during normal daily activities
- A sex partner not approving of you using the product
- A family member not approving of your use of the product
- A friend not approving of your use of the product
- The product being unsafe or harmful
- Feeling sick from using the product
- Anything else; please specify \_\_\_\_\_
- [EXCLUSIVE RESPONSE] I am not concerned about any of these things.

Finally, let us know if you have any worries or concerns about the study rectal suppository.



K7a. Please indicate how hard or easy it would be for you to do each of the following things.

[1] Very Easy to Do	[2] Fairly Easy	[3] Fairly Hard	[4] Very Hard to Do
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1. To use the **rectal suppository** every time BEFORE having sex?
2. To discuss your use of the **rectal suppository** with a sexual partner BEFORE having sex?

3. To discuss your use of the **rectal suppository** with a sexual partner AFTER having sex?
4. To use the **rectal suppository** while under the influence of alcohol or drugs?
5. To keep the **rectal suppository** stored in a private location?

K7b. On a scale from 1 (Not at all) to 10 (Extremely), how confident are you about using a **rectal suppository** as required in this study?

1—2—3—4—5—6—7—8—9—10

Not at all confident
Extremely confident

K7c. On a scale from 1 (Not at all) to 10 (Extremely), how confident are you about using a **rectal suppository** BEFORE having receptive anal sex as required in this study?

1—2—3—4—5—6—7—8—9—10

Not at all confident
Extremely confident

K7d When thinking about using the **rectal suppository** required in this study, do you have any of the following worries or concerns? : [check all that apply]

- Not remembering how to use the product correctly
- Having difficulty inserting the product
- Having to wait more than 15 minutes to have sex
- The product coming out by accident
- Losing the product
- The product not staying correctly in place
- Not liking how the product feels inside me
- The product coming out on its own during sex
- The product coming out on its own during a bowel movement
- The product feeling uncomfortable during sex
- My sex partner feeling the product during sex
- The product making sex less pleasurable
- The product feeling uncomfortable during normal daily activities
- A sex partner not approving of you using the product
- A family member not approving of your use of the product
- A friend not approving of your use of the product
- The product being unsafe or harmful
- Feeling sick from using the product
- Anything else; please specify \_\_\_\_\_
- [EXCLUSIVE RESPONSE] I am not concerned about any of these things.

**SECTION L. Motivation & Additional Comments**

L1. Please indicate the top **3 main** reason(s) you joined this research study.

1. To receive the financial reimbursement
2. To be provided with free health care, or to get higher quality health care
3. To be tested for HIV
4. To get educated or find out more about HIV
5. To help test a product that may prevent men and women from getting HIV
6. To contribute to scientific knowledge
7. To satisfy my curiosity about participating in a study
8. A friend/family member recommended that I join the study
9. I am worried about getting infected with HIV
10. My health care provider recommended I join the study
11. Other, *please specify*: \_\_\_\_\_

That concludes the survey!

Do you have any questions or comments regarding this survey that you would like us to know about?

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Thank you for completing this questionnaire!