

APPENDIX - Socio-behavioral questionnaire (baseline)

Center/ Participant |\_|\_| |\_|\_|\_|\_|

Interviewer ID: |\_|\_|\_|\_|\_|\_|\_|\_|

Assessment date: |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|

Welcome note and instructions

This questionnaire is part of the study PrEP 15–19, which you have just joined. Welcome!

The objective of the study is to know the participants and their experiences related to sexuality and sexual health care.

If you have any difficulty understanding the questions, please let me know so I can explain.

If you don’t want to answer a question, you can skip it. Moreover, if you feel uncomfortable with the questions, you can stop answering the questionnaire at any time.

We thank you for your collaboration!

BLOCK A - SOCIODEMOGRAPHIC

- A1. Regarding your current love life, with which of the statements below do you identify the most: *(check only one alternative)*
- 0. I am not in a relationship at the moment
  - 1. I am seeing someone
  - 2. I am dating
  - 3. I am married
  - 4. I live with someone
  - 5. I don’t know/don’t want to answer
- A2. You currently live: *(check only one alternative)*
- 0. By yourself
  - 1. With your parents or other family members
  - 2. With your partner
  - 3. I share the house with other people (friends, acquaintances, roommates etc.)
  - 4. In a shelter/reception center
  - 5. At my workplace
  - 6. In a boarding house
  - 7. I don’t have housing (Do not answer A3, A5 to A10)

8. Other: \_\_\_\_\_
9. I don't want to answer

For the following questions, from A3 to A10, answer by thinking about the things you have access to and use in the house or those that are yours if you live with other people in a shared house.

A3. Do you have a landline phone at home?

- 0. No
- 1. Yes
- 2. I don't want to answer

A4. Do you have a cellular phone?

- 0. No
- 1. Yes
- 2. I don't want to answer

A5. Do you have a computer (desktop, notebook, laptop etc.)?

- 0. No
- 1. Yes
- 2. I don't want to answer

A6. Do you have internet access in your house?

- 0. No
- 1. Yes
- 2. I don't want to answer

A7. Does anyone who lives in your house have a car?

- 0. No
- 1. Yes
- 2. I don't want to answer

A8. Does anyone who lives in your house have a motorcycle?

- 0. No
- 1. Yes
- 2. I don't want to answer

A9. How many bathrooms with a shower do you have in your house?

- 0. There is no bathroom with shower inside my house
- 1. 1 bathroom
- 2. 2 bathrooms
- 3. 3 bathrooms
- 4. 4 bathrooms or more
- 5. I don't want to answer

A10. Are you a domestic worker receiving money to do the work in homes three or more days a week?

- 0. No
- 1. Yes
- 2. I don't want to answer

A11. Adding up all the salaries of the people in your family, what is the monthly household income?  
(0) We only get government aid (*Auxílio Brasil*)

- (1) Less than one minimum wage (< BRL1,212.00)
- (2) From 1 to 2 minimum wages (BRL1,212.00 to BRL2,424.00)

- (3) From 2 to 5 minimum wages (BRL2,424.01 to BRL6,060.00)
- (4) From 5 to 10 minimum wages (BRL6,060.01 to BRL12,120.00)
- (5) More than 10 minimum wages (BRL12,120.01)
- (6) Do not have family income
- (7) Do not know

A12. Do you identify with any religion? (*you may check multiple alternatives*)

- 0. I don't identify with any religion
- 1. Pentecostal Evangelical
- 2. Evangelical, non-Pentecostal
- 3. Umbanda
- 4. Candomblé
- 5. Spiritualist/Kardecist
- 6. Catholic
- 7. Jewish
- 8. Buddhist
- 9. You believe in God but have no religion
- 10. Atheist/agnostic
- 11. Other: \_\_\_\_\_
- 12. I don't want to answer

## BLOCK B. IDENTITY AND GENDER

B1. In terms of gender identity, do you consider yourself: (*you may check multiple alternatives*).  
(It would be useful if, by ticking this alternative, all the rest of the questionnaire would be modified, treating the person by the article appropriate to their genre)

- 0. Cisgender man
- 1. Transgender man
- 2. Transgender woman
- 3. Transvestite
- 4. Non-binary designated male at birth
- 5. Non-binary designated female at birth
- 6. I don't know/don't want to answer
- 7. Other: \_\_\_\_\_

B2. What is your sexual orientation ?

- 0. Heterosexual
- 1. Homosexual
- 2. Bisexual
- 3. Pansexual
- 4. Other. Please specify: \_\_\_\_\_

B3. Have you ever told anyone about your sexual orientation and/or sexual identity?

- 0. No (go to B5)
- 1. Yes
- 2. I don't want to answer (go to B5)

B4. To whom? (*you may check multiple alternatives*)

- 0. Mother
- 1. Father
- 2. Sister
- 3. Brother
- 4. Other relatives
- 5. Friend
- 6. Virtual friends/groups
- 7. Coworker/classmate
- 8. Other: \_\_\_\_\_
- 9. Everybody knows
- 10. I don't want to answer

B5. Are you a member of or attend any LGBTQI+ organized group, social movement, or NGO?

- 0. No
- 1. Yes (Answer question B7.1)
- 2. I don't want to answer

### BLOCK C: HEALTH CARE

C1. Where do you usually go when you need health care? (*check only one alternative*)

- 0. Drugstore
- 1. Health unit or center
- 2. Public hospital
- 3. Private hospital
- 4. Health insurance doctor
- 5. Private doctor
- 6. Friends
- 7. Relatives
- 8. I don't go anywhere
- 9. Emergency care unit
- 10. Other: \_\_\_\_\_
- 11. I don't know/don't want to answer

C2. Do you have any private health plan or insurance?

- 0. No
- 1. Yes
- 2. I don't know/don't want to answer

C3. Thinking about the last two weeks, how satisfied are you with your health? Read the answer options.

- 1. Very dissatisfied
- 2. Dissatisfied
- 3. Neither satisfied nor dissatisfied
- 4. Satisfied
- 5. Very satisfied

C4. In general, how do you classify your quality of life?

- 0. Very poor
- 1. Poor

2. Regular
3. Neither bad nor good
4. Good
5. Very good

C5. Which barriers do you face to access the health services?

0. I suffer discrimination from health professionals
1. They don't respect my social name (show only if the person is a trans woman or genderqueer)
2. The health professional does not understand my health problems
3. Health service operating hours
4. Distance from my residence to the service
5. Cost of transportation to commute to the health unit
6. Fear of exposing my intimacy and privacy
7. I have no barriers
8. I have never been to the health service

#### BLOCK D - SEXUAL BEHAVIOR

D1. At what age did you have your first sexual intercourse? (*write age*)

\_\_\_\_\_ years

0. I don't want to answer

D2. Did you wear a condom during your first sexual intercourse? (*check only one alternative*)

0. No
1. Yes
2. I don't remember
3. I don't want to answer

#### SEXUAL BEHAVIOR IN THE LAST 3 MONTHS

##### Sexual behavior with regular partners

Regular partners are those with whom you had sexual relations (date, affair, marriage) with some emotional involvement, regardless of how long the relationship lasted.

D3. In the last 3 months, did you have any sexual partners that you consider steady?

0. No (go to D25)
1. Yes

D4. In the last 3 months, with how many regular partners did you have sex?

0. Cis man: |\_\_|\_\_| number
1. Trans woman: |\_\_|\_\_| number
2. Cis woman: |\_\_|\_\_| number
3. Trans man: |\_\_|\_\_| number

4. Travesti: |\_\_|\_\_| number
5. Non-binary designated male at birth: |\_\_|\_\_| number
6. Non-binary designated female at birth: |\_\_|\_\_| number
7. I don't want to answer

D5. How often were you passive in anal sex with your regular partner(s) in the last 3 months?

0. Never (go to D8)
1. Rarely
2. Sometimes
3. Often
4. Always
5. I don't want to answer

D5.1. In these passive intercourses, did your partner(s) wear condom?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Always
5. I don't want to answer

D6. How often were you active in anal sex with your regular partner(s) in the last 3 months?

0. Never (go to D10)
1. Rarely
2. Sometimes
3. Often
4. Always
5. I don't want to answer

D7. In these active intercourses, did you wear condom?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Always
5. I don't want to answer

D8. How often were you active in vaginal sex with your regular partner(s) in the last 3 months?

0. Never (go to D10)
1. Rarely
2. Sometimes
3. Often
4. Always
5. I don't want to answer
6. The question was not asked

D9. In the last 3 months, how often did you use the practices below to prevent HIV with your regular partner(s)?

	Yes	No	I don't know/I don't want to answer
1. I asked mypartner toejaculate outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I used lubricant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I avoided being passive in anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My partnerand I got tested for HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.I avoided having vaginal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I avoided having anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I had sexwithout penetration ( <i>gouinage</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.I used PEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.I used prEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sexual behavior with your main regular partner

In the next questions we will continue talking about regular partners. However, if you had more than one during this period, please choose the one that was the most important or most significant to you.

- D10. In the last 3 months, your main regular partner was a:
- 0. Trans woman
  - 1. Travesti
  - 2. Cis woman
  - 3. Trans man



4. Cis man
5. Genderqueer
6. Non-binary designated male at birth
7. Non-binary designated female at birth
8. I don't know/don't want to answer

D11. How long have you been together (or how long were you together if the relationship is over)? *(When the participant indicates a period shorter than 1 month, round up to 1 month. When the participant indicates incomplete years, round down when up to 6 months, and up when more than 6 months. Ex.: 1 year and 6 months, rounds down to 1 year).*

\_\_\_\_\_months (for computer response, create a scrollbar from 1 to 12 months, then 1 year, 2 years etc.)

0. I don't want to answer

D12. How old is your main regular partner? *(If you don't know the exact age, you can write down an approximate value)*

|\_|\_| years

0. I don't want to answer

D13. What is the agreement you have with your main regular partner regarding having sex with other people? *(you may check multiple alternatives)*

0. Not having sex with other people
1. Always wear condom with other people
2. Me and my partner use PrEP
3. We have no agreement
4. Other: \_\_\_\_\_
5. I do not want to answer

D14. Do you know the HIV test result of your main regular partner?

0. He/she does not have HIV (go to D16)
1. He/she has HIV (go to D15)
2. He/she has never been tested (go to D17)
3. I don't know/We never talked about it (go to D17)

D15. Do you know the result of his/her last viral load test?

0. I know, it is undetectable
1. I know, it is detectable
2. I don't know/don't want to answer

D16. (Answer only if your partner is HIV negative) How long ago has your partner been tested for HIV?

0. Less than 3 months ago (up to 90 days)
1. From 4 to 6 months (91 to 120 days)
2. From 7 months to 1 year (121 to 365 days)
3. More than 1 year ago ( $\geq 366$  days)
4. I don't know how long ago

## COMMERCIAL OR TRANSACTIONAL SEX

VERSION 1.1

D17. In the last three months, how often did you receive money or favors (such as gifts or drugs) in exchange for sex?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Always
5. I don't want to answer

D18. In the past 3 months, how many transactional sexual partners have you had:

0. Trans woman: |\_\_|\_\_| number
1. Travesti: |\_\_|\_\_| number
2. Cis woman: |\_\_|\_\_| number
3. Trans man: |\_\_|\_\_| number
4. Cis man: |\_\_|\_\_| number
5. Non-binary designated male at birth: |\_\_|\_\_| number
6. Non-binary designated female at birth: |\_\_|\_\_| number
7. I don't want to answer

D18.1 In these sexual relationships with transactional partners, how often do you use condom?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Always
5. I don't want to answer
6. Not asked

D19. Do you consider yourself a sex worker?

0. No
1. Yes
2. I don't know
3. I don't want to answer

D20. In the last three months, how often did you pay to have sex?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Always
5. I don't want to answer

#### Sexual behavior with casual partners in the last 3 months

Casual partners are those with whom you have had sex one or more times, however, without the commitment of a next meeting, including unknown/anonymous partners.

D21. In the last 3 months, have you had casual sexual partners?

Version 1.1

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- 0. No (go to D36)
- 1. Yes
- 2. I don't want to answer

D22. In the past 3 months, how many casual sexual partners have you had:

- 0. Trans woman: |\_\_|\_\_| number
- 1. Travesti: |\_\_|\_\_| number
- 2. Cis woman: |\_\_|\_\_| number
- 3. Trans man: |\_\_|\_\_| number
- 4. Cis man: |\_\_|\_\_| number
- 5. Non-binary designated male at birth: |\_\_|\_\_| number
- 6. Non-binary designated female at birth: |\_\_|\_\_| number
- 7. I don't want to answer

D23. How often were you passive in anal sex with your casual partner(s) in the last 3 months?

- 0. Never (go to D27)
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 5. I don't want to answer

D24. In these passive relationships, did your partner(s) wear condom?

- 0. Never
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 5. I don't want to answer

D25. How often were you active in anal sex with your casual partner(s) in the last 3 months?

- 0. Never (go to D29)
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 5. I don't want to answer

D26. In these active relationships, did you wear condom?

- 0. Never
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 5. I don't want to answer

*(Please answer the next question only if you had sex with cis women in the last 3 months)*

D27. How often have you had vaginal sex with your casual partners in the last 3 months?

- 0. Never (go to D31)
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 5. I don't want to answer

D28. In these vaginal intercourses, did you wear condom?

- 0. Never
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 5. I don't want to answer

D29. In the last 3 months, in which of these places have you met casual sex partners? *(you may check multiple alternatives)*

- 0. Internet/Mobile App
- 1. Bar/Pub
- 2. Night clubs/Places to dance
- 3. Public restroom
- 4. Sauna
- 5. Darkroom
- 6. Movies
- 7. Erotic cabins (glory hole)
- 8. Street/Square/Park/Beach
- 9. Work/School/College
- 10. Church/religious spaces
- 11. Friends' house
- 12. My house
- 13. Gym/Sports venue
- 14. Shopping mall/Stores
- 15. Other: \_\_\_\_\_
- 16. Nowhere, I already knew my sexual partners
- 17. I don't want to answer

D30. In the last 3 months, which of these apps have you used to find partners: *(you may check multiple*

alternatives)

- 0. Grindr
- 1. Hornet
- 2. Scruff
- 3. Tinder
- 4. Facebook
- 5. Instagram
- 6. Twitter
- 7. WhatsApp (groups)
- 8. Badoo
- 9. None
- 10. I don't want to answer
- 11. Other? \_\_\_\_\_

D31. In the last 3 months, would you say that your casual partners were generally: *(check only one alternative)*

- 0. Younger than you
- 1. The same age as you
- 2. Up to 5 years older
- 3. 5 to 10 years older
- 4. 11 to 20 years older
- 5. 21 to 30 years older
- 6. More than 30 years older
- 7. I don't want to answer

D32. In the past 3 months, were any of your casual partner(s) HIV positive?

- 0. Yes
- 1. No
- 2. I don't know
- 3. I don't want to answer

D33. In the last 3 months, how often did you use the practices below to prevent HIV with your casual partner(s)?

	Yes	No	I don't know/I don't want to answer
1. I asked mypartner toejaculate outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I used lubricant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I avoided being passive in anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My partnerand I got tested for HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.I avoided having vaginal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I avoided having anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I had sex without penetration ( <i>gouinage</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.I used PEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.I used prEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D34. In the last 3 months, have you had group sex, that is, with two or more people at the same time?

0. Yes, once  
1. Yes, more than once  
2. Never  
3. I don't want to answer

D35. Has the condom ever broken or slipped off with your casual partner(s) in the last 3 months?

0. Never  
1. Rarely  
2. Sometimes  
3. Often  
4. Always  
5. I don't want to answer

D36. In the last 3 months, how often did you use drugs before and/or during sex? (*check one alternative for each line*)

	Never	Rarely	Sometimes	Usually	Always	I don't know/don't want to answer
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine, "crystal" or "speed"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Club drugs (ketamine, ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy, "E", "MD", "Michael Douglas"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB, bath salts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acid/LSD/Candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erection stimulants (Viagra and similar drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**BLOCK J - DRUGS, DISCRIMINATION, VIOLENCE, AND  
MENTAL HEALTH**

- J1. Did you use needles and syringes to inject drugs in the last 3 months? *(check only one alternative)*
- 0. No (go to J4)
  - 1. Yes
  - 2. I don't want to answer
- J2. When you injected, did you share a syringe or needle with others? *(check only one alternative)*
- 0. No
  - 1. Yes
  - 2. I don't want to answer
- J3. Did you share needles and syringes with other people to use anabolic steroids? *(check only one alternative)*
- 0. Never used
  - 1. I use, but never shared
  - 2. I use and I shared needles/syringes
  - 3. I don't want to answer needles/syringes
  - 4. I don't want to answer
- J4. In the last 3 months, have you attended any parties or gatherings to have sex under the influence of drugs (known as chemsex)? \*
- 0. No
  - 1. Yes
  - 2. I don't want to answer
- J5. In the last 3 months, how often would you say that alcohol interfered with the use of condoms during

- sexual intercourse? \*
- 0. Never
  - 1. Rarely
  - 2. Sometimes
  - 3. Often
  - 4. Always
  - 5. I don't know
  - 6. I don't want to answer
  - 7. Not asked

MENTAL HEALTH

- J6. In the past two weeks, how often have you had little interest or pleasure in doing things? Read the answer options.
- 0. None of the days
  - 1. Less than a week
  - 2. A week or more
  - 3. Almost every day
  - 4. I don't want to answer
- J7. In the past two weeks, how often have you felt down, depressed, or hopeless? Read the answer options
- 0. None of the days
  - 1. Less than a week
  - 2. A week or more
  - 3. Almost every day
  - 4. I don't want to answer
- J8. In the past two weeks, how often have you had trouble falling or staying asleep, or have slept more than usual? Read the answer options
- 0. None of the days
  - 1. Less than a week
  - 2. A week or more
  - 3. Almost every day
  - 4. I don't want to answer
- J9. In the past two weeks, how often have you felt tired or low on energy? Read the answer options
- 0. None
  - 1. Less than a week
  - 2. One week or more
  - 3. Almost every day
  - 4. I don't want to answer
- J10. In the past two weeks, how often days have you had a lack of appetite or eaten too much? Read the answer options.
- 0. None
  - 1. Less than a week
  - 2. One week or more
  - 3. Almost every day
  - 4. I don't want to answer
- J11. In the past two weeks, how often have you felt bad about yourself or felt like you were a failure or had let your family or yourself down? Read the answer options.
- 0. None



1. Less than a week
2. One week or more
3. Almost every day
4. I don't want to answer

J12. In the past two weeks, how often have you had trouble concentrating on things (such as reading the newspaper or watching television)? Read the answer options. 0. None

1. Less than a week
2. One week or more
3. Almost every day
4. I don't want to answer

J13. In the past two weeks, how often have you been slow to move or speak (to the point that other people noticed), or on the contrary, been so agitated that you were pacing around more than usual? Read the answer options.

0. None
1. Less than a week
2. One week or more
3. Almost every day
4. I don't want to answer

J14. In the past two weeks, how often have you thought about hurting yourself in some way or that it would be better to have died? Read the answer options.

0. None
1. Less than a week
2. One week or more
3. Almost every day
4. I don't want to answer

J15. Over the past two weeks, have the above symptoms caused you any difficulty working or studying or managing things at home or interacting with people? Read the answer options.

0. No difficulty
1. A little difficulty
2. A lot of difficulty
3. Extreme difficulty
4. I don't want to answer

#### VIOLENCE AND DISCRIMINATION

J16. Has anyone ever forced you to have sex?

0. No
1. Yes, once
2. Yes, more than once
3. I don't know/don't want to answer

Now let's talk about situations of violence that may have happened in the last 6 months.

J17. This section of the questionnaire has 18 questions about situations in which you may have been discriminated against by others, for different reasons and in different places. There are no right or wrong answers, we just want to know what happened to you and some of your opinions regarding these

occasions.

N	Question	No, this has never happened to me	Yes, this has happened once or a few times	Yes, this has happened to me several times	Yes, this has always happened to me	It was not asked
1	Have you ever been mistaken for an employee of an establishment, when in fact you were a customer? For example, mistaken for a salesperson, shop assistant or waiter?	O	O	O	O	O
2	When visiting stores, restaurants or cafes, have you ever been treated inferiorly compared to other customers?	O	O	O	O	O
3	When visiting public offices, such as the federal revenue office, registry office, traffic departments, water, electricity, sewage companies or others, have you ever been treated in an inferior manner compared to other people there?	O	O	O	O	O
4	Have you ever been watched, chased or detained by security guards or police officers without giving any reason? Think about how this could have happened in stores, banks, on the street, at parties, in public places, among others.	O	O	O	O	O

5	Have you ever been physically attacked by police officers, security guards, strangers or even acquaintances, without giving any reason for it?	0	0	0	0	0
6	Have you ever been treated as if you were unintelligent or incapable of completing a curricular activity at school or university? Consider current and past situations (at university or school) in which you were treated this way by teachers or classmates, even though you thought you were capable of completing the activities.	0	0	0	0	0
7	Have you ever been treated as if you were unintelligent or incapable of performing some activity at work or during your professional internship? Consider the situations in which you were treated this way by someone on your team or a client, even though you thought you were capable of performing the activities.	0	0	0	0	0
8	Have you ever been evaluated in tests or other academic work at school or university in a different, negatively unfair way compared to your peers?	0	0	0	0	0

9	Have you ever been evaluated differently, negatively or unfairly in relation to your colleagues in an internship or professional job?	0	0	0	0	0
10	When trying to hook up with or date someone, have you ever been treated with contempt by the other person without giving them a reason for it? Consider only the situations in which you were treated worse than others who also tried to hook up with or date this person or these people.	0	0	0	0	0
11	Has the family of someone you have had an emotional relationship with, been with, dated or married rejected you or tried to prevent your relationship with them?	0	0	0	0	0
12	Have you ever been treated inferiorly by any of your parents, aunts/uncles, cousins or grandparents in relation to other family members?	0	0	0	0	0
13	Have you ever been called names, words you didn't like or derogatory terms? Think about whether this may have happened on the street, on buses, in shopping malls, in banks, in stores, at parties, at school, at work or in other public places.	0	0	0	0	0

14	Have you ever been excluded or left out by a group of peers at school or university? Consider whether this may have happened recently or in the past (at school or university), during sports, classes, group work, parties, important meetings or other gatherings with peers.	0	0	0	0	0
15	Have you ever been excluded or left out by a group of colleagues at your internship or work? Consider that this may have happened during teamwork, work meetings, conferences, events or parties, and informal gatherings.	0	0	0	0	0
16	Have you ever been excluded or left out by a group of friends in your neighborhood, people in your neighborhood or your condominium?  Think about how this may have happened at neighborhood get-togethers, condominium meetings, parties and other special occasions.	0	0	0	0	0

17	Have you ever participated in a selection process to get a job or internship and were rejected, even though you had the best prerequisites among all the candidates?	O	O	O	O	O
18	When visiting health centers, hospitals, emergency rooms or other health services, have you ever been treated in an inferior manner compared to other people there?	O	O	O	O	O

... Continuation of the previous table. When you mark any of the options “yes”, open the two questions described below for each of the alternatives marked positively:

J17.1 When this happened, what could have been the main reason for you being treated like this? (the system should allow only one option).  
(0) Economic condition or social class  
(1) Skin color or race  
(2) Sexual orientation  
(3) Gender identity  
(4) Being fat or thin  
(5) Other. Which one?

J17.2 On these occasions, did you feel discriminated against?  
(0) Yes  
(1) No

J18. In the last 6 months, have you suffered any type of DISCRIMINATION because of your sexual orientation or gender identity?

1. No (Go to J20)  
2. Yes  
3. I do not want to answer (Go to J20)

J19. This/these acts of discrimination were practiced by: (you can select multiple alternatives)

1. Father  
2. Mother  
3. Sister  
4. Brother  
5. Girlfriend/boyfriend/partner/wife  
6. Other relative  
7. Female friends  
8. Colleagues  
9. Health professional  
10. Teacher/professional at an educational institution

11. Work supervisor
12. Stepfather
13. Stranger
14. Other
15. I do not want to answer

J20. In the last 6 months, have you suffered any type of PHYSICAL aggression - that is, have you ever been beaten by someone - because of your sexual orientation or gender identity? (select only one alternative)

0. No (Go to J23)
1. Yes
2. I do not want to answer (Go to J23)

J21. This/these acts of aggression were committed by: (you can select several alternatives)

0. Father
1. Mother
2. Sister
3. Brother
4. Girlfriend/boyfriend/partner/wife
5. Other relative
6. Female friends
7. Colleagues
8. Health professional
9. Teacher/professional at an educational institution
10. Work supervisor
11. Stepfather
12. Stranger
13. Other
14. I do not want to answer

J22. Did you report this physical aggression to anyone? (you can mark several alternatives)

0. Nobody
1. Family members
2. Spouse/partner
3. Friend
4. Health professional
5. Police station
6. Professional at the educational institution
7. Other(s) \_\_\_\_\_
8. I do not want to answer

J23. In the last 6 months, has anyone forced you to have sexual relations? (mark only one alternative)

0. No (Go to the END)
1. Yes
2. I do not want to answer (Go to the END)

J24. This/these acts of sexual assault were committed by: (you can select multiple alternatives)

0. Father
16. Mother
17. Sister
18. Brother
19. Girlfriend/boyfriend/partner/wife
20. Other relative
21. Girlfriends
22. Colleagues
23. Health professional

24. Teacher and professional at an educational institution
25. Work supervisor
26. Stepfather
27. Unknown person
28. Other person(s)
29. I do not want to answer
- J25. Did you report the sexual assault to anyone? (you can tick several alternatives)
0. Nobody
1. Family members
2. Spouse/partner
3. Friend
4. Health professional/health service (if yes, go to F10)
5. Police station
6. Professional from educational institution
7. Other(s) \_\_\_\_\_
8. Does not want to answer

BLOCK E - KNOWLEDGE ABOUT HIV/AIDS

In the next questions we will talk about your knowledge about HIV/AIDS.

E1. Now, I would like to say a few things about HIV, that is, the AIDS virus. As I speak, tell me if it is “true”, “false” or “I don’t know”.

Question	True	False	Do not know
I can get HIV by sharing eating utensils, clothes, and other utensils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a steady partner is a strategy to reduce the risk of catching HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having sex with healthy-looking people is a strategy to reduce the risk of contracting HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV and AIDS are the same.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A pregnant person can transmit HIV to the fetus/baby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person infected with HIV can always transmit the virus during sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are medications that can prevent HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are pills that a person can take to prevent HIV after unprotected sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is possible to take injections to prevent HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Only people who have many sexual partners can use medications to prevent HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is possible to become infected with HIV through accidents involving needles and other sharp objects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BLOCK F - HIV TESTING IN LIFE

In the next questions we will talk about HIV testing.

- F1. Have you ever taken an HIV test before this study?
- 0. No (go to G1)
  - 1. Yes (go to F2)
- F2. When was the last time you took an HIV test? Read the answer options.
- 0. Less than six months ago
  - 1. More than six months and less than 1 year
  - 2. More than 1 year and less than 3 years
  - 3. More than 3 years
  - 4. I don't want to answer

BLOCK G - CHOOSING THE PREP TYPE

In the next questions we will talk about what you already knew before the project and what you learned during it, as well as your motivation and choice of PrEP.

On-demand PrEP consists of taking two pills 24 to 2 hours before sexual intercourse and 2 more pills after these two, one 24 hours after and the other 48 hours after. That is why it is also called the 2+1+1 regimen.

- G1. Have you ever heard of on-demand PrEP, which is indicated for people who plan their sexual relations in advance or have less frequent sexual relations?
- 0. No
  - 1. Yes
  - 2. I do not want to answer

- G2. What about daily oral PrEP?
- 0. No
  - 1. Yes
  - 2. I do not want to answer

Injectable PrEP consists of taking an injection in the arm or buttocks every two months to prevent HIV infection

- G3. Before this study, had you ever heard of injectable PrEP, which is a way of using PrEP through an injection in the buttocks, and offers protection against HIV for 2 months?
- 0. No
  - 1. Yes
  - 2. I don't want to answer

G4. Where have you heard about PrEP, whether daily, on-demand or injectable? (you can select multiple alternatives) Read the answer options.

- 0. I haven't heard
- 1. When this study was being promoted (PrEP 15-19)
- 2. At a health service
- 3. On the internet
- 4. In the media
- 5. Through a sexual partner
- 6. From a friend
- 7. I saw informational material (poster, folder, flyer, booklet)
- 8. At an NGO
- 9. At a nightclub
- 10. At school
- 11. At a professional training institution
- 12. Other places. Which ones? \_\_\_\_\_
- 13. I don't want to answer

G5. Have you used PrEP before, whether daily or on-demand (or for how long did you use it, if you stopped)? Read the answer options.

- 0. Never used PrEP before
- 1. Less than 3 months
- 2. From 3 to 6 months
- 3. More than 6 months
- 4. Don't know/don't want to answer

G6. Will you start or continue using daily oral PrEP, oral on demand or injectable PrEP?

- 1. I am already taking daily oral PrEP and will continue to do so (Go to G8)
- 2. I am already taking on-demand PrEP and will continue to do so (Go to G7)
- 3. I am already taking daily oral PrEP and want to switch to on-demand PrEP (Go to G7)
- 4. I am already taking daily oral PrEP and want to switch to injectable PrEP (Go to G9)
- 5. I am already taking on-demand PrEP and want to switch to daily oral PrEP (Go to G8)
- 6. I am already taking on-demand PrEP and want to switch to injectable PrEP (Go to G9)
- 7. Yes, I want to start taking daily oral PrEP (Go to G8)
- 8. Yes, I want to start taking on-demand PrEP (Go to G7)
- 9. Yes, I want to start taking injectable PrEP (Go to G9)
- 10. I have not decided yet and will think about it further (Go to G10)

G7. Why do you prefer on-demand PrEP? (Multiple choice) Read the answer options

- 0. It is better than taking medication daily
- 1. It may have fewer side effects
- 2. I don't have much sex
- 3. I have trouble remembering to take medication daily
- 4. I have a predictable sex life. I always know when I'm going to have sex.
- 5. Other. Which one? \_\_\_\_\_

G8. Why do you prefer to use daily oral PrEP? (Multiple choice) Read the answer options

- 0. I have a lot of sex
- 1. I trust daily PrEP more
- 2. I don't know in advance when I'm going to have sex
- 3. I find it hard to remember the correct way to use it (2+1+1) before and after sex
- 4. Other. Which one? \_\_\_\_\_

G9. Why do you prefer to use injectable PrEP? (Multiple choice) Read the answer options

- 0. It's better than taking medication every day
- 1. It's better than taking medication every time I have sex
- 2. It may have fewer side effects
- 3. I don't have to worry about HIV for 2 months

4. I don't have to worry about forgetting to take the pills
5. One injection every 2 months is enough to prevent HIV
6. I don't have to carry the medication with me
7. No one will see that I'm taking PrEP pills

G10. We want to know if there are any situations that could make it difficult for you to decide to use injectable and on-demand PrEP:

	No difficulty	Little difficulty	Medium difficulty	Great difficulty
<b><i>Injectable PrEP</i></b>				
a. Going to the clinic every two months to take PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling pain at the time or after the injection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Having to take oral PrEP daily for 12 months if having to stop injectable PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Fear of side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Having to discuss this type of PrEP with a partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><i>On-demand PrEP</i></b>				
a. Knowing in advance when I will have sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I find it difficult to remember the correct way to use it (2+1+1) before and after sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fear of side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The possibility of other people seeing me taking the pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G11. Have you ever had a partner who used PrEP (daily or on demand)?

0. No
1. Yes
2. I don't know/don't want to answer

G12. What reasons led you to decide to use PrEP? (you can select several alternatives)

Read the answer options

0. I want to have sex without condoms
1. I don't like using condoms
2. I have difficulty using condoms (for example, I lose my erection)
3. My partner has difficulty using condoms (for example, he loses his erection).
4. I want to increase my protection during sexual relations
5. My friends or partners suggested that I take it
6. I have difficulty using a condom when I drink/use drugs
7. The condom breaks or comes off frequently

8. I have a partner who is living with HIV
9. I have a very active sex life, with several sexual partners
10. I want to have more pleasure during my sexual relations
11. I am a sex worker
12. I want to have more relaxed sex, without fear
13. I have partners who use drugs
14. I want an additional method of prevention
15. I was referred by a health professional
16. Others: \_\_\_\_\_
17. I do not want to answer

G13. Would you agree to give yourself an injection every two months to prevent HIV? (one answer option)

0. Yes, alone
1. Yes, alone and with a video tutorial
2. Yes, alone with the possibility of asking questions by phone/WhatsApp with a professional
3. Yes, with supervision from a professional face to face
4. Yes, with supervision from a professional remotely (teleconsultation)
5. No
6. Not asked

G14. If yes, what is the main motivation?

(one answer option)

1. I don't like going to the health service
2. Because I don't have time to go to the health service
3. I would have more privacy if I did it alone
4. Because it is more practical and comfortable
5. I would be able to do the procedure without difficulties
6. I would save on travel costs
7. I have experience with injections
8. I am not afraid of injections
9. Other. Which one? \_\_\_\_\_
10. Not asked

G15. If not, what is the main reason for refusal?

(one answer option)

1. I don't feel safe or prepared to do it myself
2. I would prefer to have a health professional administer the injection
3. I'm afraid of doing the procedure wrong
4. Due to the pain, I don't know if I could complete the procedure
5. I'm afraid of hurting myself
6. I'm afraid of adverse events
7. Other. Which one?
8. Not asked

## BLOCK H - EXPECTATIONS AND KNOWLEDGE ABOUT PREP

In the following questions, we would like to know a little about your expectations and knowledge regarding PrEP.

H1. I'm going to tell you some situations and I'd like you to tell me which ones you expect to happen to you because of PrEP.

When using PrEP, I hope to:	Yes	No	I do not want to answer
0. Feeling calmer, without fear of catching HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Being less afraid of having anal or vaginal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Having more sexual partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Having more pleasure during sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Worrying less about choosing my sexual partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Using condoms less during oral sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Using condoms less during passive anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Using condoms less during active anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Stop using condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Worrying less about STIs (sexually transmitted infections)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I expect some change in my sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Other: _____			

H2. The table below presents some statements about PrEP. Answer whether you agree or disagree with them:

	I agree	I disagree	I do not know	I do not want to answer
1. PrEP is safer for HIV prevention than condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. PrEP is only for gays, transvestites and transsexuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. PrEP is only for those who have many partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. PrEP is a prevention method that fits into my sexual lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. PrEP will improve my sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. PrEP allows me to take control of prevention when someone refuses to use a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. PrEP has many side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. PrEP can cause lifelong health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. PrEP can interfere with other medications, such as hormones and contraceptives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. PrEP is the same medication that people living with HIV use to treat themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. It is annoying that PrEP is the same medication used to treat people living with HIV HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. It is uncomfortable to take medication for prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. It is not recommended to take PrEP and use alcohol or drugs such as marijuana, crack, among others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Using PrEP will increase the chance of becoming infected with other Sexually Transmitted Infections (STIs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. PrEP can give a negative image to those who use it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H3. How do you rate your chance of becoming infected with HIV? Read the answer options.

- 0. None
- 1. Little
- 2. Moderate
- 3. Great
- 4. Does not want to answer

#### BLOCK I - STI: PREVENTION AND TREATMENT

11. In the last 12 months, have you had any of the following symptoms?

	Yes	No	I do not know/I do not want to answer
Discharge from the penis or anus or vagina?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small blisters on the penis or anus or vagina?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warts on the penis or anus or vagina?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcers or sores on the penis or anus or vagina?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered “yes” to any of the questions, answer the next question.

12. What did you do about this/these symptoms?

- 0. I sought out a health professional;
- 1. I went to the pharmacy to treat myself;
- 2. I took medicines that friends and/or partners recommended without a prescription;
- 3. I did nothing and was cured without any treatment;
- 4. I applied home remedies (sitz bath, leaf bath, etc.);
- 5. I do not want to answer.

13. How important do you think communication between sexual partners is when someone is diagnosed with a sexually transmitted infection (STI)?

- 0. Very important
- 1. Important
- 2. Not very important
- 3. Not at all important
- 4. I do not want to answer

14. If you were diagnosed with a sexually transmitted infection (STI), which of the following options would you choose to communicate with your sexual partners?

- 0. I would not tell any of my partners (Go to I6); 1. I would openly tell my partners;
- 2. I would ask a health professional to tell my partners;
- 3. I would ask a friend to tell me;
- 4. I would prefer to take the treatment to my partners without needing a consultation;
- 5. I would make a communication without identifying myself;
- 6. Other. Specify:

15. Who would you talk to about the STI diagnosis and invite them to a health service?

- 0. No one;
- 1. Only with regular sexual partners;
- 2. Only with casual sexual partners;
- 3. Only with close friends;
- 4. With all three;

16. Have you ever heard of DoxyPEP, which is a pill to be taken after sexual intercourse without using a condom to prevent STIs, such as syphilis, chlamydia and gonorrhea (PEP for STIs)? 0. Yes

- 1. No

17. Would you take DoxyPEP after unprotected sex to prevent STIs, such as syphilis, chlamydia, and gonorrhea?

0. Yes (Go to I8)

1. No (Go to I9)

2. I don't know (Go to I9)

I8. If yes, why? (Only open if I7=0)

0. I like prevention options

1. I feel more comfortable with this prevention measure

2. I've had STIs and didn't like them

3. I think PrEP doesn't protect against other STIs

4. I feel freer to have sex

5. Because the period is short

6. Others.

I9. If no, why? (Only open if I7=1)

0. I wouldn't like to take any more medications;

1. I'm afraid of side effects;

2. I prefer to treat if I get an STI;

3. Other STIs are curable; 4. I am concerned about antibiotic resistance;

5. Because it would be difficult to remember to take it;

6. I know very little about the method for deciding whether to use it;

7. Others.

**THANK YOU FOR YOUR COLLABORATION!**