

Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD/MM/YYYY	PID <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ACID: <input type="text"/> <input type="text"/>	AC ID: <input type="text"/>

Behavioral Risk Assessment Questionnaire (This questionnaire takes approximately 5 minutes to complete)

- VISIT:**
- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> screening | <input type="checkbox"/> month 3 | <input type="checkbox"/> month 6 | <input type="checkbox"/> month 9 |
| <input type="checkbox"/> month 12 | <input type="checkbox"/> month 15 | <input type="checkbox"/> month 18 | <input type="checkbox"/> month 21 |
| <input type="checkbox"/> month 24 | <input type="checkbox"/> month 27 | <input type="checkbox"/> month 30 | <input type="checkbox"/> month 33 |
| <input type="checkbox"/> month 36 | | | |

This is questionnaire, a recording data of clients services in Princess Somsawalee (Princess PrEP)

- You have the right not to answer any question in this questionnaire without any following adverse consequences. However, the answers you provide will help us understand more about your general characteristics.
- All information provided will be kept confidential and will be used for research purposes only. This information will not affect you personally or legally.
- Some questions may make you feel uncomfortable or is awkward to answer, which we would like to apologize in advance and thank you very much for sparing your time to complete this questionnaire.

Please mark an X in the box.

Questions 1-3 are for baseline visit only. Please skip to question #4.

- How old were you when you first had sex? years old
 - In your LIFETIME, which gender(s) have you ever had sex with? (You may choose more than one answer)
 - Female
 - Male
 - Transgender woman
 - Prefer not to answer
 - Are you circumcised?
 - Yes, since years old
 - No
 - Prefer not to answer
- 3.1 Have you ever taken PrEP in my life?
- Yes
 - No

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If this is not a baseline visit, please start from question #4.

4. Within the past 3 months, which level of risk do you think you have for HIV acquisition?
- No risk
- Low risk
- Moderate risk
- High risk
5. Within the past 3 months, which gender(s) have you had sex with? (You may choose more than one answer)
- No sexual activity If your answer is “**no sexual activity**”, please skip to question #13.
- Male, please specify number of male sex partners
- Female, please specify number of female sex partners
- Transgender woman, please specify number of transgender woman sex partners
6. Within the past 3 months, have you used condoms when having insertive or receptive anal sex?
- No
- Sometimes
- Always
- Prefer not to answer
- 6.1 Within the past 3 months, have you used condoms when you have receptive anal sex?
- No sexual activity with receptive anal sex within the past 3 months
- No
- Sometimes
- Always
- Prefer not to answer
- 6.2 Within the past 3 months, have you used condoms when you have insertive anal sex?
- No sexual activity with insertive anal sex within the past 3 months
- No
- Sometimes

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Always

Prefer not to answer

6.3 Within the past 3 months, have you used condoms when having sex with an HIV-positive partner?

Yes (next #6.4)

No (please skip to question #6.5)

Not sure of partner's HIV status (please skip to question #6.5)

6.4 If you have sex with an HIV-positive partner, do you know his/her viral load status?

Unknown

Partner has viral load detectable or partner does not receive ART

Please specify: how often do you use condoms with HIV-positive partner?

..... No

..... Sometimes

..... Always

..... Prefer not to answer

Partner has undetectable viral load

Please specify: How often do you use condoms with HIV-positive partner?

..... No

..... Sometimes

..... Always

..... Prefer not to answer

7. Within the past 3 months, have you used condoms when having insertive vaginal sex?

No sexual activity with insertive vaginal sex within the past 3 months

No

Sometimes

Always

Prefer not to answer

8. Within the past 3 months, have you used condoms when having receptive neovaginal sex? (If your answer is no, please skip to question #9)

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- No sexual activity with receptive vaginal sex within the past 3 months
- No
- Sometimes
- Always
- Prefer not to answer

9. Within the past 3 months, which addictive substances or stimulants have you used? (Please mark all that apply)

- Have not used any addictive substances/stimulants (Please skip to question #11)
- Alcohol
- Methamphetamine/Amphetamine (Yaba, Ice, Crystal Meth, Speed)
- Ecstasy (Ya E)
- Ketamine (Ya K)
- Poppers
- Heroin
- Cocaine
- Marijuana (Weed, Pot)
- LSD (Gra-dard Mao, Acid)
- Barbiturates and other sleeping pills/transquilizers
- Viagra or other drugs of the same type
- Not sure what substances I have used/ I have used other substances not included on the list
- Prefer not to answer

10. What is/are your purpose(s) for using these addictive substances/stimulants?

- To increase sexual arousal before and/or during sex
- To prolong an erection or prolong sexual activity
- To forget about one's sufferings or bad memories
- Wanted to try/Friends persuaded
- Addicted, needs to take it regularly
- Prefer not to answer

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11. Within the past 3 months, have you experienced any sign or symptom of sexually transmitted diseases or have you been diagnosed with sexually transmitted diseases such as gonorrhea, chlamydia, syphilis, and herpes (excluding warts)?

- No
- Yes
- Unsure
- Prefer not to answer

12. Within the past 3 months, where have you met your sex partners? (Please mark all that apply)

- Restaurant
- Spa
- Sauna
- Fitness Center
- Pub, bar, or disco tech
- Shopping Center
- Online website
- None of the above

13. Within the past 3 months or last visit, have you had group sex (party sex)?

- No
- Yes

- How often do you have group sex? (times) within the past 3 months or last visit

- Which channel do you have group sex (party sex)? (You may choose more than one answer)

- appoint by online friends Part of party
- Sauna meet in pub, bar, or club
- others

- During a group sex, how many partner(s) do you have sex with? (person/people)

- Have you used condoms when having group sex?

- No Sometimes Always

- Have you ever used substance(s) or stimulant(s) before or during sex?

- Not yet

- Within the past 3 months, which addictive substance(s) or stimulant(s) have you used? (Please mark all that apply)

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- Have not used any addictive substances/stimulants
- Methamphetamine/Amphetamine (Yaba, Ice, Crystal Meth, Speed)
- Ecstasy (Ya E)
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- Poppers
- Heroin
- Cocaine
- Marijuana (Weed, Pot)
- LSD (Gra-dard Mao, Acid)
- Barbiturates and other sleeping pills/transquilizers
- Viagra or other drugs of the same type
- Not sure what substances I have used/ I have used other substances not included on the list
- Prefer not to answer

14. Within the past 3 months, have you received or exchanged gift(s) or money for sex?

- No
- Yes
- Prefer not to answer

14.1 If yes, how often did you use condoms?

- Sometimes
- Always
- Prefer not to answer