

Sexual Partner Demographic (SPDEM) CRF [IDI visit for sexual partner]

Information in italics is for the interviewer and will not be read aloud to the participant.

<p>INTERVIEWER READS: The following are some questions regarding your background to help us describe the people who participated in this study. All the information you provide will be kept confidential and will not be shared with anyone else besides the research study staff.</p>		
1.	How old are you?	Age (in years): <input type="text"/> <input type="text"/>
<p><i>Question 2 and 3 response options may be modified, as appropriate, for study population and location.</i></p>		
2.	What sex were you assigned at birth?	<input type="checkbox"/> <i>1 Female</i> <input type="checkbox"/> <i>2 Male</i> <input type="checkbox"/> <i>3 Intersex</i> <input type="checkbox"/> <i>4 Prefer not to answer</i>
3.	What is your gender identity?	<input type="checkbox"/> <i>1 Woman</i> <input type="checkbox"/> <i>2 Man</i> <input type="checkbox"/> <i>3 Transgender woman</i> <input type="checkbox"/> <i>4 Transgender man</i> <input type="checkbox"/> <i>5 Nonbinary, Gender Non-Conforming, or Genderqueer</i> <input type="checkbox"/> <i>6 A gender not listed here, please specify:</i> _____ <input type="checkbox"/> <i>7 Prefer not to answer</i>
4.	What is your race or ethnicity? <i>*US site: Substitute 2-question ethnicity and race assessment?</i>	<i>For sites in South Africa, Zimbabwe, and Kenya</i> <input type="checkbox"/> <i>1 Black African</i> <input type="checkbox"/> <i>2 Colored</i> <input type="checkbox"/> <i>3 Indian/Asian</i> <input type="checkbox"/> <i>4 White</i> <i>Other, please specify: _____</i> <i>For US site (select all that apply)</i> <input type="checkbox"/> <i>1 Hispanic or Latino</i> <input type="checkbox"/> <i>2 White</i> <input type="checkbox"/> <i>3 Black or African American</i> <input type="checkbox"/> <i>4 Asian</i> <input type="checkbox"/> <i>5 Native Hawaiian or Other Pacific Islander</i> <input type="checkbox"/> <i>6 American Indian or Alaska Native</i> <i>Other, please specify: _____</i>
5.	What is your highest level of school completed?	<input type="checkbox"/> <i>1 No schooling</i> <input type="checkbox"/> <i>2 Primary school, not complete</i> <input type="checkbox"/> <i>3 Primary school, complete</i> <input type="checkbox"/> <i>4 Secondary school, not complete</i> <input type="checkbox"/> <i>5 Secondary school, complete</i> <input type="checkbox"/> <i>6 College or university, not complete</i> <input type="checkbox"/> <i>7 College or university, complete</i>
6.	What is your relationship status?	<input type="checkbox"/> <i>1 Single</i> <input type="checkbox"/> <i>2 In a relationship, not married</i> <input type="checkbox"/> <i>3 Married</i> <input type="checkbox"/> <i>4 Other, specify: _____</i>

7.	Who are the people you live with now? <i>Mark all that apply</i>	Yes	No
	a. I live alone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	b. Partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	c. Sibling(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	d. Mother and/or father	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	e. Other relative(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	f. Your child(ren)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	g. Friend(s)/Roommate(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	h. Other, <i>please specify</i> : _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8.	Have you ever been tested for HIV?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	
9.	What was the result of your most recent HIV test?	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₃ Not known	

END OF CRF

CRF Completed By: _____ (initials)

CRF Completion Date: ___ / ___ / _____ (dd/mm/yyyy)