## Virtual PLACE Form B: Visit to a Virtual Site or Phone Number

| **Virtual PLACE Form B: VISIT TO A VIRTUAL SITE OR PHONE NUMBER** | | | **RESPONSE OPTIONS** | | | | **DIRECTIONS** |
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| **MODULE 1: INFORMATION FROM MASTER LIST** | | |  | | | | **COMPLETE BASED ON MASTER LIST** |
| B1 | Site identification number from master list: | | NUMBER: | | | |  |
| B2 | Site name: | | TEXT: | | | |  |
| B3 | Type of virtual site | | Website 1  Social media application 2  Telephone number 3 | | | |  |
| B4 | Website address if applicable | |  | | | |  |
| B5A  B5B  B5C  B5D  B5E  B5F | IF WEBSITE OR SOCIAL MEDIA: Site priority indicators based on master list | | Women who have sex for money visit | | | 1 | CIRCLE 1 IF TRUE BASED ON COMMUNITY INFORMANTS’ REPORTS.  OTHERWISE LEAVE BLANK. |
| Men who have sex with men visit | | | 1 |
| People who inject drugs visit | | | 1 |
| More for sex than dating | | | 1 |
| Reported by 10+ community informants | | | 1 |
| B6 | Public or invitation-only site | | PUBLIC 1  INVITATION-ONLY 2 | | | |  |
| **MODULE 2: OUTCOME OF SITE VISIT** | | | | | | | |
| B7 | Was the site or telephone number found and operational? | | Site not found 0  Site found & operational 1  Site visit not attempted 2  Phone call: Nobody answered 3  Phone call: Someone answered 4  Other 3 | | | | IF SITE NOT FOUND, STOP. TELL SUPERVISOR. |
| B8 | Describe site in four to six words: | |  | | | |  |
| **MODULE 3: NUMBER OF USERS AND TYPE OF PROFILES (WEBSITE AND SOCIAL MEDIA ONLY)** | | | | | | | |
| B9A-B9D | Visit the site at different times during the day and night. Record the number of users at each time that the site is visited. | Date: | | Time: | NUMBER: | |  |
| Date: | | Time: | NUMBER: | |
| Date: | | Time: | NUMBER: | |
| Date: | | Time: | NUMBER: | |
| B10A  B10B | Are there profiles for male-for-female sex partners?  IF YES: How many profiles for male-for-female sex partners are available? | | YES 1  NO 2  IF YES: NUMBER:\_\_\_\_\_\_\_\_\_\_ | | | |  |
| B11A  B11B | Are there profiles for female-for-male sex partners?  IF YES: How many profiles for female-for-male sex partners are available? | | YES 1  NO 2  IF YES: NUMBER:\_\_\_\_\_\_\_\_\_\_ | | | |  |
| B12A  B12B | Are there profiles for male-with-male sex partners?  IF YES: How many profiles for male-with-male sex partners are available? | | YES 1  NO 2  IF YES: NUMBER:\_\_\_\_\_\_\_\_\_\_ | | | |  |
| B13A  B13B | Are there profiles for male sex workers?  IF YES: How many profiles for male sex workers? | | YES 1  NO 2  IF YES: NUMBER:\_\_\_\_\_\_\_\_\_\_ | | | |  |
| B14A  B14B | Are there profiles for female sex workers?  IF YES: How many profiles for female sex workers? | | YES 1  NO 2  IF YES: NUMBER:\_\_\_\_\_\_\_\_\_\_ | | | |  |
| B15A  B15B | Are there profiles for transgender sex partners?  IF YES: How many profiles for transgender sex partners are available? | | YES 1  NO 2  IF YES: NUMBER:\_\_\_\_\_\_\_\_\_\_ | | | |  |

|  |  |  |  |  |  |
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| **MODULE 4: RISK ACTIVITIES MENTIONED** | | | | | |
| B16 | Are any of the following mentioned on the site? | Erotic dancing | | YES 1  NO 2 |  |
| Sex work | | YES 1  NO 2 |
| Alcohol | | YES 1  NO 2 |
| Massage | | YES 1  NO 2 |
| Injecting drugs | | YES 1  NO 2 |
| B17 | Are any of these health or prevention services mentioned on the site? | Free condoms | | YES 1  NO 2 |  |
| Condoms for sale | | YES 1  NO 2 |
| Free lubricant | | YES 1  NO 2 |
| HIV prevention | | YES 1  NO 2 |
| HIV testing | | YES 1  NO 2 |
| Peer education | | YES 1  NO 2 |
| HIV treatment | | YES 1  NO 2 |
| B18 | Are any of these health or prevention services linked to the site? | HIV testing | | YES 1  NO 2 |  |
| HIV treatment | | YES 1  NO 2 |
| HIV education | | YES 1  NO 2 |
| B19 | What type of advertising is on the site? | Alcohol | | YES 1  NO 2 |  |
| Sex toys, aids | | YES 1  NO 2 |
| Condoms | | YES 1  NO 2 |
| Clothing | | YES 1  NO 2 |
| Casino/gambling | | YES 1  NO 2 |
| B20 | Other messages on the site (specify) |  | | |  |
| B21 | Provide three to five screen shots showing the site. |  | | |  |
| **MODULE 5: WRAP-UP INFORMATION** | | | | | |
| B22 | Interviewer ID | |  | |  |
| B23 | Tablet ID Number | |  | |  |
| B24 | Date of survey | | Day: Month: Year: | |  |
| B25 | Additional Comments | |  | |  |
| B26 | Supervisor Name: | |  | |  |
| **END OF SURVEY** | | | | | |

TL-19-71